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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22603

1. Corporation Name

COALITION OF PUBLIC SERVICE EMPLOYEE ORGANIZATIONS, INC. (FLORIDA)

Principal Place of Business

6708 NW 71ST STREET
TAMARAC FL 33321-5434
US

Mailing Address

6708 NW 71ST STREET
TAMARAC FL 33321-5434
US



2. Principal Place of Business

21 **5243 TIFFANY ANNE CIRCLE**

Suite, Apt. #, etc.

22

23 **WEST PALM BEACH FL**

24 **33417** 25 **U.S.A.**

2a. Mailing Address

26 **5243 TIFFANY ANNE CIRCLE**

Suite, Apt. #, etc.

27

28 **WEST PALM BEACH FL**

29 **33417** 30 **U.S.A.**

3. Date Incorporated or Qualified

09/18/1987

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FEHLING, HENRY J
6708 NW 71ST STREET
TAMARAC FL 33321-5434

10. Name and Address of New Registered Agent

81 Name **HOWARD LOWENTHAL**
82 Street Address (P.O. Box Number is Not Acceptable)
5243 TIFFANY ANNE CIRCLE
83 **WEST PALM BEACH**
84 City **WEST PALM BEACH** FL 85 Zip Code **33417**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE **Howard Lowenthal**
Signature, typed or printed name of registered agent and title if applicable.

HOWARD LOWENTHAL, T. Feb. 26, 1999
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
WEISER, LOUIS
STREET ADDRESS **919 HILLCREST DR**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ DELETE
NAME **V**
IZZO, ROBERT A
STREET ADDRESS **18124 NW 21ST ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ DELETE
NAME **ST**
FEHLING, HENRY J
STREET ADDRESS **6708 NW 71ST STREET**
CITY-ST-ZIP **TAMARAC FL 33321-5434**

TITLE ☐ DELETE
NAME **D**
LOWENTHAL, HOWARD
STREET ADDRESS **5243 TIFFANY ANN CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ DELETE
NAME **D**
KURTZ, RICHARD
STREET ADDRESS **1221 SW 26TH AVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☐ DELETE
NAME **D**
FRITZ, GENEVIEVE
STREET ADDRESS **3001 ROLLING HILLS CIRCLE W.**
CITY-ST-ZIP **DAVIE FL 33328**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **S**
FEHLING, HENRY J
3.3 STREET ADDRESS **6708 NW 71 STREET**
3.4 CITY-ST-ZIP **TAMARAC, FL 33321**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **T**
HOWARD LOWENTHAL
4.3 STREET ADDRESS **5243 TIFFANY ANNE CIRCLE**
4.4 CITY-ST-ZIP **WEST PALM BEACH, FL, 33417**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Howard Lowenthal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-99 **561-478-2780**
Date Daytime Phone #

CR2E037 (11/98)