

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

AMENDED

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT 27 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24708

(2)

1. Corporation Name

FLORIDA PONTIAC DEALERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

10715 US 19
PORT RICHEY FL 34668
US

10715 US 19
PORT RICHEY FL 34668
US

3. Date Incorporated or Qualified

02/08/1988

4. FEI Number

59-2870822

Applied For

Not Applicable

2. Principal Place of Business

21 5237 34th St. North

Suite, Apt. #, etc.

22

City & State

23 St. Petersburg FL

Zip

24 33714

Country

25 US

2a. Mailing Address

26 500 Marquette NW

Suite, Apt. #, etc.

27 400

City & State

28 Albuquerque NM

Zip

29 87102

Country

30 US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible

Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

HEAD, EDWARD
10715 US 19
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name

Steve Havens

82 Street Address (P.O. Box Number is Not Acceptable)

5237 34th St. North

83

84 City

St. Petersburg

FL

85 Zip Code

33714

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 Steve Havens President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/19/98

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME MCDONALD, SANDY

☒ DELETE

STREET ADDRESS 3800 WEST HILLSBOROUGH AVENUE

CITY-ST-ZIP TAMPA FL

1.2 TITLE

NAME DV

☒ DELETE

STREET ADDRESS 10715 U.S. 19

CITY-ST-ZIP PT. RICHEY FL

1.3 TITLE

NAME DP

☒ DELETE

STREET ADDRESS 9740 ADAMO DRIVE

CITY-ST-ZIP TAMPA FL

1.4 TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

1.7 TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

President D

Havens, Steve

☒ Change

☐ Addition

5237 34th St. North

St. Petersburg, FL 33714

Treasurer D

Rivard, Roger

☒ Change

☐ Addition

9470 Adamo Drive

Tampa, FL 33619

Ad-Committee D

Hoagland, George

☒ Change

☐ Addition

5235 14th St. W.

Bradenton, FL 34207-3307

☐ Change

☐ Addition

200002678732-3

-11/03/98-01024-024

*****61.25 *****61.25

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-23-98 (813) 527-7151

CR2E037 (5/98)