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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N31651 (5)

1. Corporation Name

TAMARAC TAXPAYERS CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6702 NW 74 AVE TAMARAC FL 33321 US	6702 NW 74 AVE TAMARAC FL 33321-5535 US

6702 NW 74 Ave. Tamarac Fla 33321

2. Principal Place of Business
21 House
Suite, Apt. #, etc.
22 FLA TAMARAC
City & State
23 33321 Broward
Zip / Country
24 / 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip / Country
29 / 30

3. Date Incorporated or Qualified: 04/11/1989
3a. Date of Last Report: 04/16/1996
4. FEI Number: 65-0113233 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KLEIN, EDWARD
9803 N.W. 67TH COURT
TAMARAC FL 33321

BENJAMIN D HUTT

10. Name and Address of New Registered Agent

81 Name: Benjamin D Hutt
82 Street Address (P.O. Box Number is Not Acceptable): 6702 NW 74 Ave
83 City: Tamarac
84 FL
85 Zip Code: 33321

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: BENJAMIN D HUTT Benjamin D Hutt DATE: 4/21/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BEN HUTT		1.2 NAME		
STREET ADDRESS	6702 NW 74 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HELEN ROSEN		2.2 NAME		
STREET ADDRESS	7100 NW 89TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		2.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KLEIN, EDWARD		3.2 NAME		
STREET ADDRESS	9803 N.W. 67TH COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Benjamin D Hutt TYPED 4/21/97 726-9909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0036848