FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortiam

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N39095

(7)

SOUTH FLORIDA VETERANS MULTI-PURPOSE CENTER, INC

| Principal Place of Business Mailing Address | | | | |
|---|--|---|---|--|
| 5315 N DIXIE HIGHWAY 5319 | | C/O BANBURY, ROBERT, J 5315 N DIXIE HIGHWAY | | 3. Date Incorporated or Qualified |
| | | | | 07/12/1990 |
| | | FORT LAUDERDALE FL 3333 | 4 | 4. FEI Number Applied For |
| ** | | 03 | | 65-0205276 / Not Applicable |
| 2. Principal | Place of Business | 2a. Mailing Address | | 60.75 |
| 21 | | 26 | , | 5. Certificate of Status Desired Fee Required |
| Suite, Apt | , #, etc. | Suite, Apt. #, etc. | | 6. Election Campaign Financing \$5.00 May Be |
| 22 | | 27 | | Trust Fund Contribution |
| City & Sta | te | City & State | | 7. Is this nonprofit corporation a homeowners association? |
| 23 | | 28 | | ☐ Yes 🗹 No |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | 29 3 | 0 | Personal Property Tax due June 30. Yes No |
| <u></u> | 9. Name and Address of Current | Registered Agent | (54) | 10. Name and Address of New Registered Agent |
| | | | 81 Name | |
| BAMBURY, ROBERT J. | | | 82 Street Addre | ess (P.O. Box Number is Not Acceptable) |
| 13841 SW 36TH COURT | | | | |
| DAVIE FL 33330-1505 | | | 83 | |
| | | | 84 City | ■■ 85 Zip Code |
| 11 Durana | to the manufacture of Contract 0.7 0.700 | - 1017 4500 5 | | FL S Zip Code |
| office or | registered agent, or both, in the State o | and 617.1508, Florida Statutes, f Florida. Such change was aut | the above-named corpo horized by the corporation | oration submits this statement for the purpose of changing its registered on s board of directors. I hereby accept the appointment as registered |
| agent. I a | | | a Statutes. | |
| SIGNATURE | Signature, typed or printed name of registered egent | | 00011112 | interity 1998 |
| 12. | OFFICERS AND | | egistered Agent afgnature require | d when reinstating) / DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | DELETE | 1.1 TIMLE | ABBITTONS/OFFIAIRGES TO OFFICERS AND DIRECTORS IN 12 |
| NAME | BAMBURY, ROBERT J. | | 1.2 NAME | Containing Distriction |
| STREET ADDRESS | 13841 S.W. 36TH COURT | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAVIE FL | | 1.4 CMY-ST-ZIP | |
| TITLE | D | DELETE | 2.1 TITLE | Change Addition |
| NAME | HANDLEY, JOHN H. JR. | _ · | 2.2 NAME | |
| STREET ADDRESS | 2649 MIDDLE RIVER DRIVE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT LAUDERDALE FL | | 2. 4 CITY-ST-ZIP | |
| TITLE | D | DELETE | 3.1 TITLE | Change Addition |
| NAME | DEBRINO, AL | | 3.2 NAME | |
| STREET ADDRESS | 521 NW 78 TERRACE | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL | | 3.4. CITY-ST-ZIP | |
| TITLE | | DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 0.000 | 4. 2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| | | | | |

5.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1,TITLE

6.2 NAME

DELETE

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execu Block 12 or Block 13 if chapped, or on an attachment with an attoress.

remption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of that my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 617, Florida Statutes; and that my name appears in

Change

___ Addition

FILED

Jan 21 1998 8:00am

Secretary of State

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DROBERT J. BAMBURY 1-9-98 754.771-1092