

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40114** (3)

1. Corporation Name

TOWN OF DAVIE ECONOMIC DEVELOPMENT COUNCIL, INC.

Principal Place of Business

Mailing Address

6591 SW 45TH ST
DAVIE FL 33314

6591 SW 45TH ST
DAVIE FL 33314

3. Date Incorporated or Qualified

09/24/1990

4. FEI Number

65-0269033

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$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

10. Name and Address of New Registered Agent

WEBBER, BARRY S.
6200 STIRLING RD
DAVIE FL 33314

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MEYERS, MORTON	
STREET ADDRESS	2275 SW 66 TERRACE	
CITY-ST-ZIP	DAVIE FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	LIPINSKY, GLORIA	
STREET ADDRESS	11456 SW 22ND COURT	
CITY-ST-ZIP	DAVIE FL	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DELORENZO, LYNN	
STREET ADDRESS	1270 SOUTH PINE ISLAND ROAD	
CITY-ST-ZIP	PLANTATION FL	

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LEGG, ROBERT	
STREET ADDRESS	1800 NORTH DOUGLAS ROAD	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cathy MacKenzie	
1.3 STREET ADDRESS	6451 North Federal Hwy., #1113	
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306	

2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richard Abraham	
2.3 STREET ADDRESS	4801 South University Drive	
2.4 CITY-ST-ZIP	Davie, FL 33328	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lynn DeLorenzo	
4.3 STREET ADDRESS	1270 South Pine Island Road	
4.4 CITY-ST-ZIP	Plantation, FL 33324	

5.1 TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Cyril Spiro	
5.3 STREET ADDRESS	2205 South University Drive	
5.4 CITY-ST-ZIP	Davie, FL 33324	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Signature Required

1/20/98

Date

Daytime Phone #

CR2E037 (10/97)