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CORPORATION
ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:24

DOCUMENT # N45016 (5)

1. Corporation Name
SOUTH FLORIDA LONGBOARD ASSOCIATION, INCORPORATE D

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 292853<br>DAVIE FL 33329 | P.O. BOX 292853<br>DAVIE FL 33329 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1991
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0158654 ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 21 2. Principal Place of Business: PO BOX 832 | 26 2a. Mailing Address: PO BOX 832 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: POMPANO BEACH, FL | 28 City & State: POMPANO BEACH, FL |
| 24 Zip: 33061 25 Country: USA | 29 Zip: 33061 30 Country: USA |

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| WORLEY, MICHAEL<br>5071 SW 117 WAY<br>COOPER CITY FL 33330 | 81 Name: BARRY SHAW<br>82 Street Address (P.O. Box Number is Not Acceptable): 2472 BIMINI LANE<br>83<br>84 City: FT. LAUDERDALE FL 85 Zip Code: 33312 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: BARRY SHAW - TREASURER / MANAGING DIR. DATE: 4-7-95
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 | DP | 11 TITLE | D ☑ Change ☐ Addition |
| NAME | WORLEY, MICHAEL | 12 NAME | WORLEY, MICHAEL |
| STREET ADDRESS | 5071 SW 117 WAY | 13 STREET ADDRESS | 5071 SW 117 WAY |
| CITY-ST-ZIP | COOPER CITY FL | 14 CITY-ST-ZIP | COOPER CITY FL |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | WHITE, KEVIN | 22 NAME | |
| STREET ADDRESS | 549 W 55 PLACE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL | 24 CITY-ST-ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | HUMPHRIES, DREW | 32 NAME | |
| STREET ADDRESS | 4288 14TH RD S | 33 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BCH FL | 34 CITY-ST-ZIP | |
| TITLE | D | 41 TITLE | T/M ☑ Change ☐ Addition |
| NAME | SHAW, BARRY | 42 NAME | SHAW, BARRY |
| STREET ADDRESS | 2472 BIMINI LANE | 43 STREET ADDRESS | 2472 BIMINI LA |
| CITY-ST-ZIP | FT LAUDERDALE FL | 44 CITY-ST-ZIP | FT. LAUD. FL |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | REMITTED BY MAIL ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** BARRY SHAW TRES/M.DIR 4-7-95 305-584-4151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047331