

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N47138 (5)

1. Corporation Name

SFWM EMPLOYEE COMMITTEE, INC.



Principal Place of Business

**3301 GUN CLUB ROAD
WEST PALM BEACH FL 33406**

Mailing Address

**3301 GUN CLUB ROAD
WEST PALM BEACH FL 33406**

3. Date Incorporated or Qualified
02/03/1992

3a. Date of Last Report
06/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0365433

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

10. Name and Address of New Registered Agent

**SORI, LISSETTE C.
C/O SO. FLORIDA WATER MANAGEMENT DISTRICT
3301 GUN CLUB ROAD
WEST PALM BEACH FL 33406**

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 617.0502, 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 ☐ DELETE

NAME **CD
SMITH, ROSEANNE**
STREET ADDRESS **3301 GUN CLUB ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☒ DELETE

NAME **CD
BOYER, CANDICE**
STREET ADDRESS **3301 GUN CLUB ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ DELETE

NAME **STD
SORI, LISSETTE**
STREET ADDRESS **3301 GUN CLUB ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ DELETE

NAME **STD
CAMPBELL, SUSAN**
STREET ADDRESS **3301 GUN CLUB ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**CD
ARCHER, JANICE
3301 GUN CLUB ROAD
WEST PALM BEACH, FL 33406**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

Lisette C. Sori **LISSETTE C. SORI**, 4/17/96 (407)687-6412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)