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FILED
Feb 26 1998 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1998FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001043 (9)

1. Corporation Name

CORAL SPRINGS ECONOMIC DEVELOPMENT FOUNDATION, I
NC.

Principal Place of Business

Mailing Address

9531 W SAMPLE ROAD
CORAL SPRINGS FL 33065
US9531 W SAMPLE ROAD
CORAL SPRINGS FL 33065
US

3. Date Incorporated or Qualified

03/01/1993

4. FEI Number

65-0439578

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODRICH, JOAN K
9531 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

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 CD ☐ DELETENAME RUFFIN, JR. JOHN
STREET ADDRESS 9650 NW 42 STREET
CITY-ST-ZIP CORAL SPRINGS FLTITLE VD ☐ DELETENAME MOYLE, BERNARD
STREET ADDRESS ONE FINANCIAL PLAZA STE 1600
CITY-ST-ZIP FORT LAUDERDALE FLTITLE SD ☒ DELETENAME DUPRE, JIM
STREET ADDRESS 3300 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS FLTITLE TD ☐ DELETENAME WLASH, JOHN
STREET ADDRESS 3111 N UNIVERSITY DRIVE STE 1050
CITY-ST-ZIP CORAL SPRINGS FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
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

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 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:

CR2E037 (1097)

954
2-24-98 524-6800
T Moyle