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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003376

1. Corporation Name
HURRICANE CHAPTER OF SOUTH FLORIDA, INC.

274037 - 90067 - 10

Principal Place of Business	Mailing Address
1000 PONCE DE LEON BOULEVARD SUITE 100 CORAL GABLES FL 33134	1000 PONCE DE LEON BOULEVARD SUITE 100 CORAL GABLES FL 33134

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/24/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0821107 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MORALES, JOSE E
1000 PONCE DE LEON BOULEVARD
SUITE 100
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 _____ DATE
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	VP	☒ DELETE	1.1 TITLE	President TD	☒ Change ☐ Addition
NAME	BRAVERMAN, BRUCE		1.2 NAME	Bob Palmer	
STREET ADDRESS	1000 PONCE DE LEON BOULEVARD		1.3 STREET ADDRESS	14201 Snowberry Drive	
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	Wellington, FL 33414	
TITLE	~~VP~~ LIASON	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORALES, JOSE E		2.2 NAME		
STREET ADDRESS	1000 PONCE DE LEON BOULEVARD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	Vice-Presidents D	☒ Change ☐ Addition
NAME	BERG, JANET		3.2 NAME	Larry & Holly Davis	
STREET ADDRESS	1000 PONCE DE LEON BOULEVARD		3.3 STREET ADDRESS	4808 SW 120th Avenue	
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4 CITY-ST-ZIP	Cooper City, FL 33330	
TITLE	S	☒ DELETE	4.1 TITLE	Treasurer TD	☒ Change ☐ Addition
NAME	NEOFUTISTOS, JUSTIN G		4.2 NAME	Sandra Trutt	
STREET ADDRESS	1000 PONCE DE LEON BOULEVARD		4.3 STREET ADDRESS	210 NW 77th Way	
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	D	☒ DELETE	5.1 TITLE	Secretary D	☒ Change ☐ Addition
NAME	BRAVERMAN, BRUCE EDITOR		5.2 NAME	Eileen Perry	
STREET ADDRESS	1000 PONCE DE LEON BOULEVARD		5.3 STREET ADDRESS	227 E. San Marino Drive	
CITY-ST-ZIP	CORAL GABLES FL 33134		5.4 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	TD	☒ DELETE	6.1 TITLE	Newsletter Editor D	☒ Change ☐ Addition
NAME	MORALES, ANA M		6.2 NAME	Johnny Stallings	
STREET ADDRESS	1000 PONCE DE LEON BLVD		6.3 STREET ADDRESS	241 NE 23 Court	
CITY-ST-ZIP	CORAL GABLES FL 33134		6.4 CITY-ST-ZIP	Pompano Beach, FL 33060	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Bob Palmer 2/4/99 (561) 798-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President — Date — Daytime Phone #