

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90037 043 ****61.25

DOCUMENT # N96000003497

1. Entity Name

THE CITIES OF OAKLAND PARK/WILTON MANORS
CHAMBER OF COMMERCE, INC.



Principal Place of Business

2900 N DIXIE HIGHWAY
SUITE 101
OAKLAND PARK FL 33334

Mailing Address

2900 N DIXIE HIGHWAY
SUITE 101
OAKLAND PARK FL 33334

54020858



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0683826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRONCHICK, KENNETHA C
100 W CYPRESS CREEK RD
910
FORT LAUDERDALE FL 33309

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STORK, JAMES	
STREET ADDRESS	2900 N DIXIE HWY # 101	
CITY- ST- ZIP	OAKLAND PARK FL 33334	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	O'SULLIVAN, JOHN	
STREET ADDRESS	4300 N UNIVERSITY DRIVE SUITE F-203	
CITY- ST- ZIP	LAUDERHILL FL 33351	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FILKINS, ERIC	
STREET ADDRESS	87 E. PROSPECT RD., SUITE 8	
CITY- ST- ZIP	OAKLAND PARK FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW GILL	
STREET ADDRESS	2900 N. DIXIE HWY #101	
CITY- ST- ZIP	OAKLAND PARK, FL 33334	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNDA BROWN	
STREET ADDRESS	4220 NE 15th AVE	
CITY- ST- ZIP	OAKLAND PARK, FL 33334	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD DICRESCENZO	
STREET ADDRESS	2745 W. CYPRESS CREEK RD.	
CITY- ST- ZIP	FT. LAUDERDALE, FL 33309	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL LEVY	
STREET ADDRESS	3004 NE 5th TERRACE, #309	
CITY- ST- ZIP	WILTON MANORS, FL. 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 18, 2004 954-568-7755

Date

Daytime Phone #