

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90249 014 ****61.25

DOCUMENT # N97000002062

1. Corporation Name

BROWARD COUNTY CHESS ASSOCIATION, INC.

Principal Place of Business

4907 N.W. 67TH AVENUE
LAUDERHILL FL 33319

Mailing Address

4907 N.W. 67TH AVENUE
LAUDERHILL FL 33319



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
04/11/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0762859

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EMO CORPORATE SERVICES, INC.
100 NE THIRD AVENUE
SUITE 1100
FORT LAUDERDALE FL 33301

81 Name **Diane Schmidt**

82 Street Address (P.O. Box Number is Not Acceptable)
4907 NW 67 Ave.

83

84 City **Ft. Laud**

85 Zip Code
FL 33319

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SCHMIDT, DIANE**
STREET ADDRESS **4907 N.W. 67TH AVENUE**
CITY-ST-ZIP **LAUDERHILL FL 33319**

1.1 TITLE **SD** ☒ Change ☐ Addition
1.2 NAME **Chris Hoford**
1.3 STREET ADDRESS **10970 NW 12th DR**
1.4 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **TD** ☐ DELETE
NAME **TAGUE, LINDA**
STREET ADDRESS **1211 NE 26TH TERRACE**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE
NAME **LIEBER, SONDR**
STREET ADDRESS **6452 FRENCH ANGEL TERRACE**
CITY-ST-ZIP **MARGATE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Diane Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)