

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
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90135 004 ****70.00

DOCUMENT # N97000002772

1. Corporation Name

NATIONAL ASSOCIATION OF VOLUNTEER MEETING PLANNE
RS, INC.

Principal Place of Business

2450 HOLLYWOOD BLVD SUITE 301
HOLLYWOOD FL 33020

Mailing Address

2450 HOLLYWOOD BLVD SUITE 301
HOLLYWOOD FL 33020



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/15/1997

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0756888

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip Country

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

BROOKS, ROBERT
2450 HOLLYWOOD BLVD SUITE 301
HOLLYWOOD FL 33020

81 Name

PAUL SPIEWAK

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

500 THREE ISLANDS #527

83

84

City HALLANDALE

FL

85 Zip Code
33009

11. Pursuant to the provisions of Sections 617.0562 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 STD ☐ DELETE

NAME SPIEWAK, PAUL
STREET ADDRESS 500 THREE ISLANDS BLVD APT. 527
CITY-ST-ZIP HALLANDALE FL 33009

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME SPIEWAK, JOAN
STREET ADDRESS 500 THREE ISLANDS BLVD, #527
CITY-ST-ZIP HALLANDALE FL 33009

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME PAIS, ANDREW
STREET ADDRESS 8217 NW 70 ST
CITY-ST-ZIP TAMARAC FL 33321

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)