FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9700006868

NATIONAL EMPLOYMENT LAWYERS ASSOCIATION (FLORIDA CHAPTER), INC.

FILED Apr 14, 1999 8:00 am § Secretary of State

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Principal Place of Business Mailing Address								1				
C/O WALTER	E. AYE. ESO.	C/	O WALTER E. AYE.	ESQ.				HERRICAL DEG LOCAL CAN	IL er ekki ile li			
610 W AZEELE ST			O W AZEELE ST									
TAMPA FL 33606 TAMPA FL 33606								\$ 	16 80 111 8411	H 88(H 88)H 88		(B) (B)) (B))
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.		1 30	A 6 . 11 A					3 Date Incornerated or	Qualifed			
2. Principal Place of Business 2a. Mailing Address								3. Date Incorporated or Qualifed 12/10/1997				
21 26									59 ·	75 45	I	plied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	::			-	APPLIED FOR	D-1 "	75.73		Applicable
22 27 City & State City & State								741 LILD 1 OII		_ \$8.75 Additional		
⊢ •••, •••••								5. Certifcate of Status I	Desired		Fee Re	
Zip	Country	28	Zip	Cou	ntry			6 Election Campaign E	inancina			<u>.</u>
24					0			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be				
24	9. Name and Address of Currer		tered Agent					10. Name and Address		Registered.		
	with care one of editor				81	Name	,					
AVE WAL	TED E							(0.0.0.1)		abla)		
AYE, WALTER E					82 Street Addr			ess (P.O. Box Number is N	л мосерт	aulo)		
C/O WALTER E. AYE, ESQ.					83							
610 W AZEELE ST TAMPA FL 33606					Ш						[] 	
IAMPA FI	L 33606				84	City				FL	85 Zip C	ode
SIGNATURE	Signature, typed or phinted name of registered age		, app ,	NOTE: Registered	Agen	nt signatur	beniupen e	when reinstating) ADDITIONS/CHANGE	S TO OF	DATE FICERS AN	ID DIRECTO	RS IN 12
TITLE	D GITOERS A	TO DITTE	DELETI	E 1.1 TI	TLE		T			,	☐ Change	Addition
NAME	JOHNSON, RICHARDSON E			1,2 N	AME							
STREET ADDRESS	314 W JEFFERSON STREET					TADORES	s					
CITY-ST-ZIP	TALLAHASSEE FL 32306				TY-S							
TITLE	D		☐ DELET				1				Change	☐ Addition
NAME	AYE, WALTER E			2.2 N	AME							
STREET ADDRESS	A 4 A 144 A THEFT E ATTENT					T ADDRES	, l					
CITY-ST-ZIP	TAMPA FL 33606	., .=	والم محسوبة المح			ST-ZIP		# 21 12 #				
TITLE	D		☐ DELET				1			***	Change	☐ Addition
NAME	SASS, CYNTHIA			3.2 N	AME							
STREET ADDRESS	100 S ASHLEY DR, #1180			3.3 S	TREET	Taddres	s					
CITY-ST-ZIP	TAMPA FL 33602			3.4.0	ITY-S	ST-ZIP				•		
TITLE			☐ DELET				Ì	····			Change	Addition
NAME				4. 2 N	AME							
STREET ADDRESS				4.3 \$	TREET	TADDRES	s					
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NAME				5.2 N	AME		1					
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777 5	1		□ nel et	F 6.1 T	TIE		1				☐ Change	☐ Addition

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.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS