

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NON PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000006089

1. Corporation Name

Florida Republican Assembly, Inc.

Principal Place of Business

Mailing Address

2605 E. Atlantic Blvd.#205
Pompano Bch, Fl. 33062

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 7164 St. Andrews Rd.

22 City & State

27 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Lake Worth, Fl.

25 33467-1313 30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/20/98

4. FEI Number

65-0917650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name Barbara Susco

82 Street Address (P.O. Box Number is Not Acceptable)
7164 St. Andrews Rd.

83

84 City Lake Worth

FL

85 Zip Code
33467

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

BARBARA SUSCO SECRETARY Barbara Susco

9-13-99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE

Director

1.2 NAME

Barbara Susco

1.3 STREET ADDRESS

7164 St. Andrews Rd.

1.4 CITY-ST-ZIP

Lake Worth, Fl. 33467

2.1 TITLE

Director

2.2 NAME

AnnCwynar

2.3 STREET ADDRESS

2701 S.W. 8th St.

2.4 CITY-ST-ZIP

Boynton Beach, Fl. 33435

3.1 TITLE

Director

3.2 NAME

David Floering

3.3 STREET ADDRESS

7586 Overlook Dr.

3.4 CITY-ST-ZIP

Lake Worth, Fl. 33467

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

000002992100--4

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

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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 607, 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:

Barbara Susco BARBARA SUSCO

9-13-99

561-641-3818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

Daytime Phone #

CR2E034 (11/98)