

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90227 021 ***150.00

DOCUMENT # P97000016106

1. Corporation Name
EVENT COORDINATORS, INC.

Principal Place of Business
2531 S.W. DALLAS STREET
PORT ST. LUCIE FL 34953

Mailing Address
2531 S.W. DALLAS STREET
PORT ST. LUCIE FL 34953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1997

4. FEI Number

65-0748554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

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

2. Principal Place of Business

21 14510 S.W. Chesterfield Ln

Suite, Apt. #, etc.

22

City & State

23 Tigard, OR

Zip

24 97224

Country

25 USA

2a. Mailing Address

26 14510 S.W. Chesterfield Ln

Suite, Apt. #, etc.

27

City & State

28 Tigard, OR

Zip

29 97224

Country

30 USA

9. Name and Address of Current Registered Agent

OLENSKY, WILLIAM
2531 S.W. DALLAS STREET
PORT ST. LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME OLENSKY, WILLIAM
STREET ADDRESS 2531 S.W. DALLAS STREET
CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE STD ☐ DELETE

NAME HOLLISTER, BRENDA
STREET ADDRESS 2531 S.W. DALLAS STREET
CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME P. Tim Hollister
1.3 STREET ADDRESS 14510 S.W. Chesterfield Ln.
1.4 CITY-ST-ZIP Tigard, OR 97224

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Y. Brenda Hollister
2.3 STREET ADDRESS 14510 S.W. Chesterfield Ln.
2.4 CITY-ST-ZIP Tigard, OR 97224

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

05/19/99