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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000060317**1. Corporation Name

Principal Place of Business

SOUTH FLORIDA JUBILEE CHAPTER, INC.

1251 SW 69 AVE PLANTATION FL 33317		1251 SW 69 AVE PLANTATION FL 33317					SO NOT IN	NTE IN THE	S DDACI	_		
							3. Date Incorporate 07/06/1998	DO NOT WE ed or Qualife		SPAU	<u> </u>	
2. Principal PI	ace of Business	2a. Mailing Address			4. FEI Number				App	ed For		
21		26			52-19	<u>8 313</u>	<u>රු _</u>			Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Sta	tus Desired				ditional		
22		27							ee Req			
City & State		City & State			6. Election Campa	-	, <sub>□</sub>			/ay Be		
23		Zip Country			Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible							
Zip	Country								rrent year In	tangible Ye:		]No
24	25	29	30	1			Personal Property Tax.					-3140
	9. Name and Address of Curre	nt Registered Agent		81	Na	ame	TV. Name and Add	IESS OF NEW	Kegisteren	Agent		
ROB	ERTSON, ANEDRA											
	SW 69 AVE		82 Street A			treet Ad	ddress (P.O. Box Number	is Not Accep	table)			
	NTATION FL 33317			83			<del></del>		<del></del> -			
	11/11/01/12 0001											
				84	Ci	ity	<u> </u>		F	85	Zip C	cde
office or re	to the provisions of Sections 607.050 egistered agent, or bot i, in the State m familiar with, and accept the obliga	of Florida. Such change was :	authorized	t vd t	the	med co corpora	poration submits this sta a ion's board of directors.	tement for th I hereby acc	e nurnose o	f changi	ng its r as reg	egistered istered
SIGNATURE												
	Signature, typed or printed nan e of registered age			Agent	t sign	ature requ	and when reinstating)  ADDITIC NS/CHA	NCES TO O	DATE EFICEDS / I	ND DIR	ECTOE	2S IN 12
12.		ND DIRECTORS	13. 1.1 TI	TI E		-	AUDITIC NOIC PA	INGES TO O	TTICENS 7.	□ Ch		Addition
TITLE	PD Robertson, anedra		1.2 N/							_	Ü	_
NAME	1251 SW 69 AVE	·		1,3 STREET ADDRESS		DECC						
STREET ADDRES S				1.4 CITY-ST-ZIP								
CITY-ST-ZIP	PLANTATION FL 33317 SD			2.1 TITLE						☐ Ch	ange	Addition
TITLE	-			2.2 NAME							•	_
NAME	HUNT, LAURIE 612 GARDEN CT				r anns	DECC						
STREET ADDRESS				2.3 STREET ADDRESS 2.4 CITY-ST-ZIP								
CITY-ST-ZIP TITLE				3.1 TITLE						Ch	ange	Addition
	_ <u> </u>		1	3.2 NAME								
NAME STREET ADDRESS	and the second s			TREET	r AMM	BESS						
				ITY-SI		- 1						
CITY-ST-ZIP TITLE	TD			4.1 TITLE		_		-		□ Ch	ange	Addition
NAME	DRAPER, NANCY		4.21									
STREET ADDRESS	10503 NW 5 ST			TREET	r add	RESS						
CITY-ST-ZIP	PLANTATION FL 33324			ITY-ST								
TITLE	T PARTAMONTE 00024	☐ DELETE	5,1 TI		1-24	-				□ Ch	ange	Addition
NAME			5 2 N	AME								
STREET ADDRESS			5.3 S	TREET	ADD	RESS						
CITY-ST-ZIP			5.4 CI	ITY-ST	T-ZIP	.						
TITLE		☐ DELETE	6.1 Ti	TLE						Ch	ange	Addition
NAME			6.2 N	AME								
STREET ADDRE 3S			6.3 \$	TREET	ΓADD	RESS						

SIGNATURE:

CITY-ST-ZIP

ANEDRA M. ROBERTSON 1/5/99

6.4 CITY-ST-ZIP

14. I hereb / 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 them 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

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90262 002 \*\*\*150.00

CR2E034 (11/98)