FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:54

DOCUMENT # 704613 (9)

1. Corporation Name
THE THEOSOPHICAL SOCIETY IN MIAMI

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
831 SE 9TH ST DEERFIELD BCH FL 33441 US	831 SE 9 ST DEERFIELD BCH FL 33441 US

3. Date Incorporated or Qualified: 09/27/1962
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-1002836 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GINSBURG, SEYMOUR
831 SE 9 ST
DEERFIELD BCH FL 33441

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GINSBURG, SEYMOUR	1.2 NAME	
STREET ADDRESS	340 SUNSET DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	KOVAL, MONTY	2.2 NAME	
STREET ADDRESS	660 NW 19 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	HURD, CAROL	3.2 NAME	
STREET ADDRESS	2261 EVERGLADES DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	MALKIN, KENNETH M.	4.2 NAME	
STREET ADDRESS	10300 SW 125 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	TD ☒ Change ☐ Addition
NAME	LITZENBERG, JACQUELINE	5.2 NAME	CLARIN, LINDA
STREET ADDRESS	6631 SW 7 ST	5.3 STREET ADDRESS	3132 LAKESHORE DRIVE
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP	DEERFIELD BEACH, FL ***** 33442
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	BEAUDRY, RALPH	6.2 NAME	
STREET ADDRESS	1430 SE BAYSHORE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ Jan. 25, 1995 (305)420-0908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SEYMOUR GINSBURG, PRESIDENT

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