FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 704613

(9)

THE THEOSOPHICAL SOCIETY IN MIAMI

| | | *************************************** | | | | | | | |
|---|---|---|----------------------|-----------------------|--|--|---|---------------------------------|-------------------------------|
| Principal Place of Business | | Mailing Address | | | T TABEID! COMIC MAILL BIRCH BICET TIMBE | III PIBIT DI | /H WIWH WIWH 1 | Tidai didii (60) | |
| 831 SE 9TH ST 831 SE 9 S DEERFIELD BCH FL 33441 DEERFIELD US US | | | 3441 | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 09/27/1962 | | oate of Last 0 02/01/19 | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | | 4. FEI Number 59-1002836 | | | Applied For Not Applicable |
| Suite, Apt | . #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional | | | |
| 22 | A- | 27 City 6 State | City & State | | | 1 Pe Hequieu | | | |
| City & Sta | te | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| Zıp | Country | Zip | Zip Country | | | 8. This corporation has liability for intangible tax under s. 199.032, | | | |
| 24 | 9. Name and Address of Current Registered Agent | | | | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | |
| | g, Name and Address of Currer | it negistered Agent | 8 | 1 Name | е | IV. Hallie BIN Address of New A | - Mistorior | Agoin | <u> </u> |
| GINSBL | JRG, SEYMOUR | | 8 | 2 Stree | t Addre | ss (P.O. Box Number is Not Acceptable | e) | | |
| 831 SE 9 ST | | | 83 | | | | | | |
| DEERFI | ELD BCH FL 33441 | | 8 | 3 | | *** | | | |
| | | | 8 | 4 City | | | FL | 85 Zip | o Code |
| 11. Pursuani | t to the provisions of Sections 617.0502 | 2 and 617.1508, Florida Statu | tes, the above | named | corporal | ion submits this statement for the purp | pose of ch | anging its re | egistered office |
| familiar v | ered agent, or both, in the State of Flori with, and accept the obligations of, Sect | tion 617.0. Jy, Frorida Statute | S. | porat | \$ LOGIC | or directors. Thereby accept the apple | ni itti i i i i i i i i i i i i i i i i | * 109/3/0/5// | as a rain |
| SIGNATURE | Si _ a, ly _ u, a name of registered Legent | t and title if applicable | All Hogistered A | seif sanatur | e required y | when reinstating) | DATE | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFI | | | RS IN 12 |
| TITLE | PD | DELETE | 1.1 TITLE | | | | | ☐ Change | Addition |
| NAME | GINSBURG, SEYMOUR | | 1.2 NAM | | | | | | |
| STREET ADDRESS | 340 SUNSET DRIVE FT. LAUDERDALE FL | | | ET ADDRESS | 3 | | | | |
| CITY - ST - ZIP TITLE | - VD | DELETE | 2.1 TITU | -ST-ZIP | + | <u> </u> | | Change | Addition |
| NAME | KOVAL, MONTY | ~~ | 2.2 NAM | | V | | | | _ |
| STREET ADDRESS | - 660 NW 19 STREET- | | 2.3 STRE | ET ADDRESS | s 4 | RANKS, CARY 211 N.E. 12 AVENUE | | | |
| CITY-ST-7iP | FT-LAUDERDALE-FL | | 2. 4 CIT | - ST - ZIP | B | MPANO BEACH FL | | | |
| 1:TLE | SD | DELETE | 3.1 TITL | | ' | | | Change | ☐ Addition |
| NAME | HURD, CAROL | | 3.2 NAM | _ | _ | | | | |
| STREET ADDRESS | 2261 EVERGLADES DRIVE MIRAMAR FL | | | ET ADDRESS | ٥ | | | | |
| C:TY-ST-ZIP TITLE | VD VD | DELETE | 4.1 DTL | r-ST-ZIP | | | | Change | Addition |
| NAME | MALKIN, KENNETH M. | | 4. 2 NAM | | | | | _ , | |
| STREET ADDRESS | | | 4.3 STRI | ET ADDRESS | s | | | | |
| CITY-ST-ZIP | MIAMI FL | | 4.4 CITY | -ST-ZIP | | | | | |
| TITLE | TD | DELETE | 5.1 TITL | Ē | | | | Change | Addition |
| NAME | CLARIN, LINDA | | 52 NAM | | | | | | |
| STREET ADDRESS | | | | ET ADDRESS | S | | | | |
| CITY-SI-ZIP | DEERFIELD BEACH FL SD | DELETE | 5.4 City 6.1 Titu | -S1-ZIP | | | | Change | Addition |
| TITLE NAME | BEAUDRY, RALPH | Plottert | 62 NAM | | | | | C Cimingo | |
| STREET ADORESS | 4444 OF BAVOUGEE BB | | | ET ADDRESS | s | | | | |
| CITY-ST-ZIP | MIAMI FL | | | - ST- ZIP | | | | | |
| 14. I do hera | eby certify that the information supplied | with this filing is voluntarily fur | rnished and de | oes not q | uality for | the exemption stated in Section 119. | 07(3)(k), F | orida Statut | es. I further |
| oath; tha | nat the information indicated on this ann at I am an officer or director of the corp in Block 12 or Block 13 if changed, or | oration or the receiver or trust | ee empowere | true and d to exec | accurate cute this | e and that my signature shall have the report as required by Chapter 617, Fk | same lega orlda Statu | i effect as if ites; and tha | made under at my name |

SIGNATURE: _

SALMOUN CINCHUMA President

1/22/96 954-463-8908