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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 704613 (9)

1. Corporation Name

THE THEOSOPHICAL SOCIETY IN MIAMI

Principal Place of Business	Mailing Address
831 SE 9TH ST DEERFIELD BCH FL 33441 US	831 SE 9 ST DEERFIELD BCH FL 33441-5633 US

3. Date Incorporated or Qualified: 09/27/1962
3a. Date of Last Report: 02/06/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-1002836 ☐ 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 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: ALLEN FRANKS
82 Street Address (P.O. Box Number is Not Acceptable): 4211 NE 12TH AVE
83
84 City: POMPANO BEACH FL 85 Zip Code: 33064

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Allen Franks ALLEN FRANKS TREASURER DATE: JANUARY 9, 1997
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	☒ DELETE	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	☒ DELETE	2.1 TITLE	PRESIDENT PD	☐ Change ☒ Addition
NAME	FRANKS, CARY		2.2 NAME	FRANKS, CARY	
STREET ADDRESS	4211 NE 12TH AVENUE		2.3 STREET ADDRESS	4211 NE 12TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	SD	☐ DELETE	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	☐ DELETE	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	☒ DELETE	5.1 TITLE	TREASURER T	☐ Change ☒ Addition
NAME	CLARIN, LINDA		5.2 NAME	[redacted] FRANKS, ALLEN	
STREET ADDRESS	3132 LAKESHORE DRIVE		5.3 STREET ADDRESS	4211 NE 12TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL		5.4 CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	SD	☐ DELETE	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		

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allen Franks ALLEN FRANKS JANUARY 9, 1994 954-941-4250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0042795