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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **704613**

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 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/27/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1002836 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ALLEN FRANKS
4211 NE 12TH AVE.
POMPANO BCH FL 33064

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 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 _____ 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	P	☒ DELETE	1.1 TITLE	President PD	☐ Change ☒ Addition
NAME	FRANKS, CARY		1.2 NAME	Seymour Ginsburg	
STREET ADDRESS	4211 NE 12TH AVENUE		1.3 STREET ADDRESS	532 Commadore Circle	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	DelRay Beach FL 561-278-6116	
TITLE	SD	☒ DELETE	2.1 TITLE	See VD	☐ Change ☒ Addition
NAME	HURD, CAROL		2.2 NAME	Carol Cannon	
STREET ADDRESS	2261 EVERGLADES DRIVE		2.3 STREET ADDRESS	5415 10th Fairway Dr	
CITY-ST-ZIP	MIRAMAR FL		2.4 CITY-ST-ZIP	Delray Beach FL 33484	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MALKIN, KENNETH M.		3.2 NAME		
STREET ADDRESS	10300 SW 125 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRANKS, ALLEN		4.2 NAME		
STREET ADDRESS	4211 NE 12TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE	2 S.D.	☐ Change ☒ Addition
NAME	BEAUDRY, RALPH		5.2 NAME	Jack Miller	
STREET ADDRESS	1430 SE BAYSHORE DR		5.3 STREET ADDRESS	1409 SW 13ST Terrace	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Deerfield Beach FL 33442	
TITLE		☐ DELETE	6.1 TITLE	Patricia Colebank	☐ Change ☒ Addition
NAME			6.2 NAME	SD	
STREET ADDRESS			6.3 STREET ADDRESS	2718 Yale Lane	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Boynton Beach FL 33426	

CR2E037 (11/98)

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 617, 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: Allen Franks ALLEN P. FRANKS 1-12-99 954-944-4250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #