

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 719701 (5)

1. Corporation Name

SOKOL MIAMI, EDUCATIONAL AND PHYSICAL CULTURE ORGANIZATION, INCORPORATED



Principal Place of Business

Mailing Address

13325 ARCH CREEK RD  
N. MIAMI FL 33161  
US

1225 NE 124TH ST.  
N. MIAMI FL 33161

3. Date Incorporated or Qualified  
11/17/1970

3a. Date of Last Report  
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-6507340

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

10. Name and Address of New Registered Agent

RUZICKA, EMILIE  
1225 NE 124TH ST., APT. 20  
NO MIAMI FL 33161

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 EMILIE RUZICKA

(NOTE: Registered Agent signature required when reinstating)

JAN. 24, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME RUZICKA, EMILIE M.  
STREET ADDRESS 1225 NE 124TH ST APT 20  
CITY- ST- ZIP N. MIAMI FL

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

TITLE S ☐ DELETE  
NAME ZRALY, BLANCHE  
STREET ADDRESS 532 BRIARWOOD  
CITY- ST- ZIP HOLLYWOOD FL

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

TITLE D ☐ DELETE  
NAME STURDIK, LILLIAN B  
STREET ADDRESS 2036 SHARON ST  
CITY- ST- ZIP BOCA RATON FL

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

TITLE D ☒ DELETE  
NAME KASAL, JOSEPH  
STREET ADDRESS 11 NE 204TH ST  
CITY- ST- ZIP MIAMI FL

41 TITLE ☒ Change ☐ Addition  
42 NAME URBAN, MILDRED  
43 STREET ADDRESS 1350 N.E. 191 ST. #307B  
44 CITY- ST- ZIP NO. MIAMI BEACH, FL 33179

TITLE T ☐ DELETE  
NAME URBAN, MILDRED  
STREET ADDRESS 1350 N.E. 191 ST., #307B  
CITY- ST- ZIP NO. MIAMI BEACH FL

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

TITLE VD ☒ DELETE  
NAME KASAL, JOSEPH  
STREET ADDRESS 11 N.E. 204TH STREET  
CITY- ST- ZIP MIAMI FL

61 TITLE ☒ Change ☐ Addition  
62 NAME SAITA, BLANCHE  
63 STREET ADDRESS 201 00 W. COUNTRY CLUB DR. #204  
64 CITY- ST- ZIP AVENTURA, FL 33180

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)(k), 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: EMILIE RUZICKA 1/24/96 (305) 895-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)