

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3: 39

DOCUMENT # 731483 (4)

1. Corporation Name
NORTH MIAMI FOUNDATION FOR SENIOR CITIZENS' SERVICES, INC.

Principal Place of Business Mailing Address
620 N.E. 127 STREET NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/27/1974
3a. Date of Last Report 01/28/1994
4. FEI Number 59-1582766
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

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
24 25 29 30

9. Name and Address of Current Registered Agent
-SOLBERG, VIRGINIA-L
620 NE 127TH ST
NORTH MIAMI, FL
33161

10. Name and Address of New Registered Agent
81 Name **Debbie Kleinberg**
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 *Debbie Kleinberg* **Debbie Kleinberg, Executive Director** 3/1/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME WALLBERG, LEO
STREET ADDRESS 12326 NE 6TH AVE #1
CITY-ST-ZIP N MIAMI FL
TITLE VD
NAME CONNOLLY, MICHAEL P.
STREET ADDRESS 11300 NE 2ND AVE.
CITY-ST-ZIP N MIAMI, FL 00000
TITLE SD
NAME JURIGA, LARRY
STREET ADDRESS 13130 N.E. 6TH AVE.
CITY-ST-ZIP N.MIAMI FL
TITLE TD
NAME KING, SANFORD
STREET ADDRESS 18441 N.W. 2ND AVE., 219
CITY-ST-ZIP MIAMI FL
TITLE D
NAME ABELL, GWEN
STREET ADDRESS 13400 BISCAYNE BLVD.
CITY-ST-ZIP N. MIAMI FL
TITLE D
NAME BERMAN, JILL
STREET ADDRESS 2 S. BISCAYNE BLV #3400
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33161
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33161
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33161
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33169
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33181
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS 100 SE 2 St, 38th Floor
6.4 CITY-ST-ZIP Miami, FL 33131

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with no change.

SIGNATURE: *Sanford L. King* **Sanford L. King** 3/2/95 652-5041/305
Signature and typed or printed name of signing officer or director Date (Daytime Phone #)