

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 # **731483** (4)
1. Corporation Name
NORTH MIAMI FOUNDATION FOR SENIOR CITIZENS' SERVICES, INC.



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

3. Date Incorporated or Qualified: 12/27/1974
3a. Date of Last Report: 03/08/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	59-1582766	Not Applicable
23	City & State	City & State	28	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25			30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KLEINBERG, DEBBIE 620 NE 127TH ST NORTH MIAMI, FL 33161				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLBERG, LEO		1.2 NAME				
STREET ADDRESS	12326 NE 6TH AVE #1		1.3 STREET ADDRESS				
CITY-ST-ZIP	N MIAMI FL		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOLLY, MICHAEL P.		2.2 NAME				
STREET ADDRESS	11300 NE 2ND AVE.		2.3 STREET ADDRESS				
CITY-ST-ZIP	N MIAMI, FL 00000		2.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary (SD)			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JURGA, LARRY		3.2 NAME	Blanca Cobo			
STREET ADDRESS	13100 N.E. 8TH AVE.		3.3 STREET ADDRESS	13490 NW 7 Avenue			
CITY-ST-ZIP	N MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33168			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer (TD)			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, SANFORD		4.2 NAME	Lewis Lash			
STREET ADDRESS	18441 N.W. 2ND AVE., 219		4.3 STREET ADDRESS	11300 NE 2 Avenue			
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33161			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELL, GWEN		5.2 NAME				
STREET ADDRESS	13400 BISCAYNE BLVD.		5.3 STREET ADDRESS				
CITY-ST-ZIP	N. MIAMI FL		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, JILL		6.2 NAME				
STREET ADDRESS	100 SE 2 ST. 38TH FLOOR		6.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP				

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: Michael P. Connolly Michael P. Connolly 4/16/96 (305) 843-1450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)