

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 33161-4825
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3. Date Incorporated or Qualified 12/27/1974	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1582766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**KLEINBERG, DEBBIE
 620 N.E. 127 STREET
 NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME WALLBERG, LEO	
STREET ADDRESS 12326 NE 6TH AVE #1	
CITY - ST - ZIP N MIAMI FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME CONNOLLY, MICHAEL P	
STREET ADDRESS 11300 NE 2ND AVE.	
CITY - ST - ZIP N MIAMI FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME COBO, BLANCA	
STREET ADDRESS 13490 NW 7 AVENUE	
CITY - ST - ZIP MIAMI FL 33168	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME LASH, LEWIS	
STREET ADDRESS 11300 NE 2 AVENUE	
CITY - ST - ZIP MIAMI FL 33161	
TITLE D	<input type="checkbox"/> DELETE
NAME ABELL, GWEN	
STREET ADDRESS 13400 BISCAYNE BLVD.	
CITY - ST - ZIP N. MIAMI FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BERMAN, JILL	
STREET ADDRESS 100 SE 2 ST. 38TH FLOOR	
CITY - ST - ZIP MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Dr. Lewis Lash	
1.3 STREET ADDRESS 11300 N.E. 2 Avenue	
1.4 CITY - ST - ZIP Miami, FL 33161	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Richard Lash	
4.3 STREET ADDRESS 9301 NE 6 Avenue, A-100	
4.4 CITY - ST - ZIP Miami Shores, FL 33138	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Dr. Susan Gray	
6.3 STREET ADDRESS 11300 NE 2 Avenue	
6.4 CITY - ST - ZIP Miami, FL 33161	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: [Signature] DATE: **3/19/97 (305)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)