FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 731483

1. Corporation Name

NORTH MIAM! FOUNDATION FOR SENIOR CITIZENS' SERV ICES, INC.

Principal	Plac	ce of	Busine
620 N.E.	127	STR	EET
MODTH &	MARA	r CI	22161

Mailing Address

620 N.E. 127 STREET NORTH MIAMI FL 33161

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90183 012 ****70.00



Principal Place of Business 2a. Mailing Address				Date Incorporated or Qualifed						
21		26			12/27/1974					
Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number		<u> </u>	lied For			
22		27			59-1582766	<u>. </u>		Applicable		
City & State	e	City & State			5. Certificate of Status Desired	\mathbf{A}	\$8.75 A			
23		28					Fee Red	<u> </u>		
Zip	Zip Country Zip		Country		6. Election Campaign Financing		\$5.00			
24	25		0		Trust Fund Contribution		Added to	Fees		
	9. Name and Address of Curre	ent Registered Agent	81	11	10. Name and Address of New	Registered A	Agent			
			81	Name				· ·		
KLEINBERG, DEBBIE			82	82 Street Address (P.O. Box Number is Not Acceptable)						
620 N.E.	127 STREET		<u> </u>							
NORTH M	IAMI FL 33161		83				,			
			84	City	**		85 Zip C	ode		
						FL				
11. Pursuant	to the provisions of Sections 617.05	602 and 617.1508, Florida Statutes	the above	-named corp	poration submits this statement for the on's board of directors. I hereby acce	a purpose of a	changing its i ntment as rec	registered iistered		
οπice or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	pations of, Section 617.0503, Florid	la Statutes		·	brain appro-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SIGNATURE					-					
	Signature, typed or printed name of registered as			nt signature require	ed when reinstating)	DATE AN	D DIDECTO	DC IN 12		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO O	-FICERS AN	Change	Addition		
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Criange			
NAME	LASH, LEWIS DR.		1.2 NAME		· ·			•		
STREET ADDRESS	11300 N.E. 2 AVE.		1.3 STREE	r address		,	٠			
CITY-ST-ZIP	MIAMI FL		1.4 CITY+S	T-ZIP			Charac	- Addition		
TITLE	(VD	☐ DELETE	2.1 TITLE			•	Change	☐ Addition		
NAME	CONNOLLY, MICHAEL P		2.2 NAME		, .					
STREET ADDRESS	11300 NE 2ND AVE.		2.3 STREE	TADDRESS			•			
CITY-ST-ZIP	N MIAMI FL		2. 4 CITY-5	ST-ZIP				,		
TITLE	SD	☐ DELETE	3.1 TITLE				Change	☐ Addition		
NAME	COBO, BLANCA		3.2 NAME							
STREET ADDRESS	13490 NW 7 AVENUE		3.3 STREE	TADDRESS	·		:			
CITY-ST-ZIP	MIAMI FL 33168		3.4. CITY-5	T-ZIP						
TITLE	TD	☐ DELETE	4.1 TITLE	1			Change	☐ Addition		
NAME	LASCH, RICHARD		4.2 NAME							
STREET ADDRESS	9301 N.E. 6 AVE., A-100		4.3 STREE	TADORESS						
CITY-ST-ZIP	MIAMI SHORES FL		4.4 CITY-S	T-ŻIP			<u>:</u>			
TITLE	D	☐ DELETE	5.1 TITLE				Change	☐ Addition		
NAME	ABELL, GWEN		5.2 NAME							
STREET ADDRESS	13400 BISCAYNE BLVD.		5.3 STREE	TADORESS				•		
CITY-ST-ZIP	N. MIAMI FL		5.4 CITY-S	T-ZIP	_ ,	·	<u>:</u>			
TITLE	D	☐ DELETE	6.1 TITLE			.*	☐ Change	Addition		
NAME	GRAY, SUSAN DR.		6.2 NAME							
STREET ADDRESS	l		6.3 STREE	T ADDRESS						
			EACTIVE	7 7ID						

14. 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 efficiency that is 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: