

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 13, 2007  
Secretary of State**

DOCUMENT# 731483

Entity Name: NORTH MIAMI FOUNDATION FOR SENIOR CITIZENS' SERVICES, INC.

**Current Principal Place of Business:**

620 N.E. 127 STREET  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

620 N.E. 127 STREET  
NORTH MIAMI, FL 33161

**New Mailing Address:**

FEI Number: 59-1582766      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD      ( ) Delete  
Name: KEYES, CAROL F  
Address: 12700 BISCAYNE BLVD., SUITE 401  
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: PD      ( ) Delete  
Name: ABELL, GWENDOLYN J  
Address: 13400 BISCAYNE BLVD.  
City-St-Zip: N MIAMI, FL 33181 US

Title: TD      ( ) Delete  
Name: COBO, BLANCA  
Address: 13490 NW 7 AVENUE  
City-St-Zip: MIAMI, FL 33168 US

Title: D      ( ) Delete  
Name: KING, SANFORD  
Address: 2500 HOLLYWOOD BLVD., S-401  
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: D      ( ) Delete  
Name: BLYNN, MICHAEL  
Address: 776 NE 125 STREET  
City-St-Zip: N. MIAMI, FL 33161 US

Title: D      ( ) Delete  
Name: BROWN, DOUGLAS CHIEF  
Address: 700 NE 124 STREET  
City-St-Zip: N. MIAMI, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BLANCA COBO

TD

03/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date