

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 # 742989 (7)

1. Corporation Name
JOHN GRIFFIN POST ASSOCIATION, INC.



Principal Place of Business: **880 N.W. 54TH STREET MIAMI FL 33127**
Mailing Address: **880 N.W. 54TH STREET MIAMI FL 33127**

3. Date Incorporated or Qualified: **05/24/1978**
3a. Date of Last Report: **12/06/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **65-0567676**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**
Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**
City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25** Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DANIELS, HENRY W.
100 N.W. 47 TERRACE
MIAMI FL 33127**

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

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: _____ (Signature, typed or printed name of registered agent and title if applicable) (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
NAME	DANIELS, HENRY W	
STREET ADDRESS	100 N.W. 47TH TERR	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILCOX, ROBERT M.	
STREET ADDRESS	6965 N.W. 30TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DANIELS, MARIE M	
STREET ADDRESS	100 NW 47TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLER, WILL	
STREET ADDRESS	16811 NW 24TH AVENUE	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SILVA, VERNEKA	
STREET ADDRESS	3587 HISBUSCUS STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORING, CECIL C.	
STREET ADDRESS	1028 N.W. 64TH STREET	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Henry W. Daniels **Henry W. Daniels** 4/3/96 576-4774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CF2E037 (12/95)