

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 24 1996 8:00 am
Secretary of State

DOCUMENT # 759351 (0)

1. Corporation Name
GUARDIANSHIP PROGRAM OF DADE COUNTY, INC.



Principal Place of Business Mailing Address
8350 NW 52ND TERR #101 MIAMI FL 33166-7706

3. Date Incorporated or Qualified **07/28/1981** 3a. Date of Last Report **03/10/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

4. FEI Number **59-2124958** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**TANNEN, HAROLD
84445 SW 80TH PLACE
MIAMI FL 33143**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
**000001794610
-04/25/96--01063--001**
83 City *****61.25** 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARR, NEAL E.	1.2 NAME	Cash, David W.
STREET ADDRESS	1550 MAGRUDA AVE #120	1.3 STREET ADDRESS	9400 Dadeland Blvd #110
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	SD DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGOSHES, STANLEY	2.2 NAME	Margoshes, Stanley
STREET ADDRESS	3305 SW 17TH AVE	2.3 STREET ADDRESS	3305 SW 17th Ave
CITY-ST-ZIP	COCONUT GROVE FL	2.4 CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	TD DELETE	3.1 TITLE	PS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEASON, JAY	3.2 NAME	Steinberg, Paul B.
STREET ADDRESS	200 S. BISCAYNE BLVD. #3900	3.3 STREET ADDRESS	767 Arthur Godfrey Rd.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	PD DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINBERG, PAUL B.	4.2 NAME	Jeruslow, Laise T.
STREET ADDRESS	767 ARTHUR GODFREY RD	4.3 STREET ADDRESS	1401 Brickell Ave #700
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	VD DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERMONT, RONNI W	5.2 NAME	Farr, Neal E.
STREET ADDRESS	7301 SW 48TH COURT	5.3 STREET ADDRESS	1550 Magruda Avenue #00
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	VP DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASH, DAVID W	6.2 NAME	
STREET ADDRESS	9400 S DADELAND BLVD #110	6.3 STREET ADDRESS	100001794611
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	-04/25/96--01063--002

84 City *****61.25** FL 85 Zip Code

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: *Eric D. ...* DATE: **3/26/96 (305) 592-7642**

CR2E037 (12/95)

G U A R D I A N S H I P

2-2

**GUARDIANSHIP PROGRAM
OF DADE COUNTY, INC.**

8350 N. W. 52nd Terrace
Suite 101
Miami, Florida 33166
Phone: 592-7642

OFFICERS AND DIRECTORS

Frank G. Repensek
Executive Director

12.

TITLE	EXECUTIVE DIRECTOR
NAME	FRANK G. REPENSEK
STREET ADDRESS	8350 N.W. 52nd Terrace #101
CITY-ST-ZIP	MIAMI, FLORIDA 33166

*With financial assistance
from: Aging and Adult
Services Program Office,
H.R.S., State of Florida, Alex
and Agnes O. McIntosh
Foundations, Dade
Foundation, Florida Bar
Foundation, Metropolitan
Dade County, McGregor
Smith Foundation, and
the U.S. Administration
on Aging*

13.

TITLE	E D	ADDITION
NAME	REPENSEK, FRANK G.	
STREET ADDRESS	8350 N.W. 52nd TERRACE #101	
CITY-ST-ZIP	MIAMI, FLORIDA 33166	