

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 # N51436 (6)

1. Corporation Name

AMERICAN SUICIDE FOUNDATION, INC. - FLORIDA DIVISION



Principal Place of Business

115 NW 167 STR
NO MIAMI BCH FL 33169
US

Mailing Address

115 NW 167 STR
NO MIAMI BCH FL 33169
US

3. Date Incorporated or Qualified
10/22/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 115 N. W. 167th Street

26 same

22 Suite, Apt. #, etc.
2nd Floor

27 Suite, Apt. #, etc.

23 City & State
North Miami Bch., FL 33169

28 City & State

24 Zip
33169

25 Country
Dade

29 Zip
30 Country

4. FEI Number

65-0370064

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

10. Name and Address of New Registered Agent

ULLMAN, HOWARD F
115 NW 167 STR
NO MIAMI BCH FL 33169

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

TITLE D ☐ DELETE
NAME ROBJOHNS, BACHELOR S
STREET ADDRESS 950 SE 12TH ST
CITY-ST-ZIP HIALEAH FL

TITLE D ☐ DELETE
NAME ENTIN, ALVIN
STREET ADDRESS 200 E. BROWARD BLVD, STE 1210
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE TD ☐ DELETE
NAME GREENSPAN, JOSEPH
STREET ADDRESS 155 OCEAN BLVD.
CITY-ST-ZIP GOLDEN BEACH FL

TITLE D ☐ DELETE
NAME Nancy Bacher, Psy.D.
STREET ADDRESS 2875 NE. 191st. Street
CITY-ST-ZIP Penthouse 2
N. Miami Bch, FL 33180

TITLE D ☐ DELETE
NAME Perryl Anodio
STREET ADDRESS 6255 N. W. 97th Avenue
CITY-ST-ZIP Parkland, FL 33076

TITLE D ☐ DELETE
NAME Howard F. Ullman
STREET ADDRESS 115 N. W. 167th Street
CITY-ST-ZIP North Miami Beach, FL 33169

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

(305) 653-4444

CR2E037 (12/95)