

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N51436 (6)
1. Corporation Name
American Foundation For Suicide Prevention, Inc.
~~AMERICAN SUICIDE FOUNDATION, INC. - FLORIDA DIVISION~~
N/C 2/17/97

Principal Place of Business

Mailing Address

115 NW 167 STREET
2ND FLOOR
NO MIAMI BCH FL 33169
US115 NW 167 STR
NO MIAMI BCH FL 33169-8031
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/22/19923a. Date of Last Report
04/24/1996

4. FEI Number

65-0370064

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

ULLMAN, HOWARD F

115 NW 167 STR

NO MIAMI BCH FL 33169

515 E. Las Olas Blvd.

Suite 1350

Ft. Lauderdale, Florida

33301

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 FLTITLE D ☐ DELETE
NAME ENTIN, ALVIN
STREET ADDRESS 200 E. BROWARD BLVD, STE 1210
CITY - ST - ZIP FT. LAUDERDALE FLTITLE TD ☐ DELETE
NAME GREENSPAN, JOSEPH
STREET ADDRESS 155 OCEAN BLVD.
CITY - ST - ZIP GOLDEN BEACH FLTITLE D ☐ DELETE
NAME Ullman, Howard F.
STREET ADDRESS 515 E. Las Olas Blvd., #1350
CITY - ST - ZIP Ft. Lauderdale FL 33301TITLE PD ☐ DELETE
NAME Bacher, Dr. Nancy Watson
STREET ADDRESS 2875 N. E. 191st St., PH #2
CITY - ST - ZIP North Miami Beach FL 33180TITLE SD ☐ DELETE
NAME Amodio, Merryl
STREET ADDRESS 6255 N. W. 97th Ave.
CITY - ST - ZIP Parkland FL 33076

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Fine, Joan J.
1.3 STREET ADDRESS 7897 Palacio Del Mar Dr.
1.4 CITY - ST - ZIP Boca Raton FL 334332.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Fine, Norman D., Fine Capital Mgt. Group
2.3 STREET ADDRESS 2000 Glades Rd., Suite 204
2.4 CITY - ST - ZIP Boca Raton FL 33431-85043.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Garcia-Pedrosa, Marjorie Baron
3.3 STREET ADDRESS 37 East Rivo Alto Dr.
3.4 CITY - ST - ZIP Miami Beach FL 331394.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Rosen, Harry
4.3 STREET ADDRESS 1625 N. Commerce Parkway, Suite 225
4.4 CITY - ST - ZIP Ft. Lauderdale FL 333265.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Venis, Harry
5.3 STREET ADDRESS 2455 E. Sunrise Blvd.
5.4 CITY - ST - ZIP Ft. Lauderdale FL 333046.1 TITLE ☐ Change ☐ Addition
6.2 NAME 800002193318
6.3 STREET ADDRESS -05/28/97--01060--025
6.4 CITY - ST - ZIP ***61.25

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 (305) 631027

CR2E037 (9/96)