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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000005466 (5)

1. Corporation Name

CITY OF NORTH MIAMI EMPLOYEES' ASSISTANCE TRUST FUND, INC.



Principal Place of Business

Mailing Address

N. MIAMI CITY HALL-PERSONNEL DIRECTOR
776 NE 125TH ST.
N. MIAMI FL 33161

N. MIAMI CITY HALL-PERSONNEL DIRECTOR
776 NE 125TH ST.
N. MIAMI FL 33161-5654

3. Date Incorporated or Qualified
10/24/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

29 Zip

30 Country

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

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

81 Name Jeff Geimer

82 Street Address (P.O. Box Number is Not Acceptable)
776 N.E. 125 street

83

84 City North Miami,

FL

85 Zip Code 33161

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, hand or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, GRACE	
STREET ADDRESS	N. MIAMI CITY HALL, 776 NE 125TH ST.	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CURRY, VERNET	
STREET ADDRESS	N. MIAMI CITY HALL, 776 NE 125TH ST.	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FALESTRA, DEBORAH	
STREET ADDRESS	N. MIAMI CITY HALL, 776 NE 125TH ST.	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEIMER, JEFFERSON	
STREET ADDRESS	N. MIAMI CITY HALL, 776 NE 125TH ST.	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAHAM, EDWARD	
STREET ADDRESS	N. MIAMI CITY HALL, 776 NE 125TH ST.	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97

893-6511 10226
Daytime Phone # 0031687

CR2E037 (9/96)