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Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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

3. Date Incorporated or Qualified  
10/24/1996  
4. FEI Number 65-0758530 Applied For  
~~APPLIED FOR~~ Not Applicable

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

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
GEIMER, JEFF-  
776 NE 125TH ST  
NO MIAMI FL 33161

10. Name and Address of New Registered Agent  
81 Name GEIMER, JEFFERSON  
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 SAME AGENT (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D / T	<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 / S	<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 / V	<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 / C / P	<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 / G	<input checked="" 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MAKIE EMILIE	
1.3 STREET ADDRESS	N MIAMI CITY HALL, 776 NE 125 ST.	
1.4 CITY-ST-ZIP	N MIAMI, FL 33161	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KATIE ROSS	
2.3 STREET ADDRESS	N MIAMI CITY HALL, 776 NE 125 ST	
2.4 CITY-ST-ZIP	N MIAMI, FL 33161	
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 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:  JEFFERSON GEIMER 4/1/98 (305) 893-6511

CR2E037 (10/97)