

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 # 737142 (0)

1. Corporation Name

THE GURDJIEFF SOCIETY OF FLORIDA, INC.



Principal Place of Business

**6237 MIRAMAR PKWY.
MIRAMAR FL 33023**

Mailing Address

**6237 MIRAMAR PKWY.
MIRAMAR FL 33023**

3. Date Incorporated or Qualified **10/22/1976** 3a. Date of Last Report **02/13/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-1700485		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DUNN, STEPHEN
6237 MIRAMAR PKWY.
MIRAMAR FL 33023**

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MABRY, GERALD	1.2 NAME	
STREET ADDRESS	2612 GULFSTREAM DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, STEPHEN	2.2 NAME	
STREET ADDRESS	7808 MIRAMAR BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, ROBERTA	3.2 NAME	
STREET ADDRESS	8215 SW 100 ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	3.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, EUGENE	4.2 NAME	
STREET ADDRESS	8215 SW 100 STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	4.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, DOWARD	5.2 NAME	
STREET ADDRESS	8951 NEW RIVER CANAL	5.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Howard S. Wilkinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOWARD S. WILKINSON

2/5/96
Date

954-987-8452
Daytime Phone #

CR2E037 (12/95)