

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 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 # **N16211** (7)

1. Corporation Name

GURDJIEFF INSTITUTE, INC.

Principal Place of Business

**115 CALLE GRANDE ST.
HOLLYWOOD FL 33021
US**

Mailing Address

**115 CALLE GRANDE ST.
HOLLYWOOD FL 33021
US**



3. Date Incorporated or Qualified
08/05/1986

3a. Date of Last Report
05/01/1996

4. FEI Number

59-2716096

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, IRVING
115 CALLE GRANDE ST
HOLLYWOOD FL 33020**

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 *Irving Smith* **IRVING SMITH, PRESIDENT**

1/25/97

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 **PD** ☐ DELETE

NAME **SMITH, IRVING**
STREET ADDRESS **115 CALLE GRANDE DR.**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **ST** ☐ DELETE

NAME **SMITH, ELLA R.**
STREET ADDRESS **115 CALLE GRANDE DR.**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **DV** ☐ DELETE

NAME **O'NIELL, MARY ANNE**
STREET ADDRESS **1801 SE 21 AVE.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33021**

TITLE **DT** ☒ DELETE

NAME **RHODES, BEVERLY A.**
STREET ADDRESS **244 WIMBLEDON LAKE DR.**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

**DV O'NIELL, MARY ANNE
515 SW 8TH ST.
FT. LAUDERDALE, FL 33315**

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: *Irving Smith* **IRVING SMITH**

1/25/97

954-981-8158

CR2E037 (9/96)