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May 02 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 # 704323 (5)

1. Corporation Name

NATIONAL PARKINSON FOUNDATION, INC.

Principal Place of Business

Mailing Address

1501 N.W. 9TH AVENUE  
MIAMI FL 33136  
US

1501 N.W. 9TH AVENUE  
MIAMI FL 33136-1407  
US



3. Date Incorporated or Qualified  
07/24/1962

3a. Date of Last Report  
05/15/1996

4. FEI Number  
59-0968031

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee 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

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

10. Name and Address of New Registered Agent

SLEWETT, NATHAN  
1501 N.W. 9TH AVENUE  
MIAMI FL 33136

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 CD ☐ DELETE  
NAME SLEWETT, NATHAN  
STREET ADDRESS 1501 N.W. 9TH AVENUE  
CITY-ST-ZIP MIAMI FL 33136

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME ZEMEL, HERBERT C.  
STREET ADDRESS 1501 N.W. 9TH AVENUE  
CITY-ST-ZIP MIAMI FL 33136

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME KRAVITZ, HAROLD  
STREET ADDRESS 1501 N.W. 9TH AVENUE  
CITY-ST-ZIP MIAMI FL 33136

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ASC ☒ DELETE  
NAME MORTON, BRIAN  
STREET ADDRESS 9371 FOUNTAINBLEAU BLVD., APT.108  
CITY-ST-ZIP MIAMI FL 33172

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME CONTROLLER  
4.3 STREET ADDRESS LILIANA FONG  
4.4 CITY-ST-ZIP 1501 N.W. 9TH AVENUE  
MIAMI, FL 33136

TITLE TD ☐ DELETE  
NAME GELB, MARTIN  
STREET ADDRESS 1501 N.W. 9TH AVENUE  
CITY-ST-ZIP MIAMI FL 33136

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME SLEWETT, ROBERT S  
STREET ADDRESS 1501 N.W. 9TH AVENUE  
CITY-ST-ZIP MIAMI FL 33136

6.1 TITLE ☐ Change ☐ 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 attached statement with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/97

Date

Daytime Phone # 0029148

CR2E037 (9/96)