FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUL 11 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704323

1. Corporation Name
National Parkinson Foundation, Inc.

Principal Place of Business	Mailing Address
1501 N.W. 9th Avenue Miami, Florida 33136	1501 N.W. 9th Avenue Miami, Florida 33136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/24/62
3a. Date of Last Report: 05/01/94
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

Slewett, Nathan
1501 N.W. 9th Avenue
Miami, Florida 33136

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/D	1.1 TITLE	☐ Change ☐ Addition
NAME	Slewett, Nathan	1.2 NAME	
STREET ADDRESS	1501 N.W. 9th Avenue	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33136	1.4 CITY-ST-ZIP	
TITLE	V/D	2.1 TITLE	☐ Change ☐ Addition
NAME	Zemel, Herbert C.	2.2 NAME	
STREET ADDRESS	1501 N.W. 9th Avenu	2.3 STREET ADDRESS	700001537017
CITY-ST-ZIP	Miami, Florida 33136	2.4 CITY-ST-ZIP	-07/13/95--01057--021
TITLE	P/D	3.1 TITLE	*****70.00 *****70.00 ☐ Change ☐ Addition
NAME	Kravitz, Harold P.	3.2 NAME	
STREET ADDRESS	1501 N.W. 9th Avenue	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami,Florida 33136	3.4 CITY-ST-ZIP	
TITLE	T/D	4.1 TITLE	☐ Change ☐ Addition
NAME	Gelb, Martin	4.2 NAME	
STREET ADDRESS	1501 N.W. 9th Avenue	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33136	4.4 CITY-ST-ZIP	
TITLE	A/S/C	5.1 TITLE	☐ Change ☐ Addition
NAME	Morton, Brian R.	5.2 NAME	
STREET ADDRESS	9371 Fountainebleu Blvd	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33172	5.4 CITY-ST-ZIP	
TITLE	S/D	6.1 TITLE	☐ Change ☐ Addition
NAME	Slewett, Robert S.	6.2 NAME	
STREET ADDRESS	1501 N.W. 9th Avenue	6.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33136	6.4 CITY-ST-ZIP	

REMITTED BY MAY 1
T/S 7/11/95

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)(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: Martin Gelb 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Chairman 7th Term