## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business

6237 MIRAMAR PKWY. MIRAMAR FL 33023 # 737142

(0)

THE GURDJIEFF SOCIETY OF FLORIDA, INC.

Mailing Address	
6237 MIRAMAR PKWY. MIRAMAR FL 33023	3.

## FILED Jan 30 1998 8:00am Secretary of State



Applied For

Not Applicable

Date Incorporated or Qualified

10/22/1976

59-1700485

4. FEI Number

					00 11 00 100			
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address		5. Certificate of Status Desired		Additional Required	
	Suite, Apt. #, etc. Suite, Apt. #, etc.				6. Election Campaign Financing		May Be	
22						to Fees		
City & State City & State					7. Is this nonprofit corporation a homeowners association?			
23 28				☐ Yes ☐ No				
Zip	Country Zip Co			Country 8. This corporation owes or has paid the current year Intangible				
24 25 29 30			ю	Personal Property Tax due June 30. Yes No				
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Re	gistered Agent		
				Name				
DUNN, STEPHEN				82 Street Address (P.O. Box Number is Not Acceptable)				
6237 MIRAMAR PKWY.			02 Sileet Address (F.O. Box (turnber is Not Addeptable)					
MIRAMAR FL 33023			83	83				
			84	City			o Code	
			04	City		FL 85 Zip	o 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 family with, and accept the obligations of, Section 617.0503, Florida Statutes.								
office or r	egistered agent, or both, in the State of the obligation of the ob	of Florida. Such change was au tions of, Section 617,0503. Flori	thorized b da Statute	y the corporations.	on's board of directors. I hereby accep	of the appointment a	as registered	
SIGNATURE	Occabe lan	lesson						
SIGNATORE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: I	Registered Ag	ent signature required		DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	ORS IN 12	
TITLE	D	DELETE	1.1 TITLE			☐ Change	Addition	
NAME	MABRY, GERALD	1.2		ĺ				
STREET ADDRESS			1.3 STREET	ADDRESS	•		1	
CITY-ST-ZIP	MIRAMAR FL		1.4 CITY-5	ST-ZIP				
TITLE	D	DELETE 2:		ļ		Change	Addition	
NAME	DUNN, STEPHEN 221		2.2 NAME	İ			ļ	
STREET ADDRESS			2.3 STREE	ADDRESS				
CITY-ST-ZIP	MIRAMAR FL HOLLY WE	MIRAMAR FL 14044 WOOD 174 33021 2.40		ST-ZIP				
TITLE	V DELETE 3.1 TI		3.1 TITLE			Change	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	DELETE	4.1 TITLE			Change	Addition	
NAME	NEAL, EUGENE		4, 2 NAME				į	
STREET ADDRESS	8215 SW 100 STREET		4.3 STREET	ADDRESS			]	
CITY-ST-ZIP	MIAMI, FL 00000		4.4 CITY - S	T-ZIP				
TITLE	TD	DELÉTÉ	5.1 TITLE			☐ Change	Addition	
NAME	WILKINSON, DOWARD		5.2 NAME	İ				
STREET ADDRESS	8951 NEW RIVER CANAL		5.3 STREET	ADDRESS				
CITY - ST - ZIP	PLANTATION FL		5.4 CITY-S	T-ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME				-	
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP	<u> </u>		6.4 CITY - S					
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								
Indicated	on inis annual report or supplemental	annual report is true and accura	are and th	at mv signature	snall have the same legal effect as if	mage under oath: It	natiam an 📗	

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 an attachment with an address.

SIGNATURE:

KWOWRED

1/20/98