

-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 # **737277**
1. Corporation Name

Meditation Unlimited, Inc.

Principal Place of Business

Mailing Address

18022 SW 88TH PLACE
MIAMI, FLA. 33157

3. Date Incorporated or Qualified

3a. Date of Last Report

Nov. 9, 1976

March 1995

4. FEI Number

591754182

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

18022 SW 88TH PLACE

18022 SW 88TH PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, FL.

City & State

City & State

33157

U.S.A.

33157

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Darlene Martin
18022 SW 88TH PLACE
MIAMI, FL. 33157

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** ☐ DELETE
NAME **PRES. DOTTIE RAPPAPORT**
STREET ADDRESS **6307 WAXMYTHLE CIRCLE**
CITY-ST-ZIP **TAMARAC, FL. 33319**

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

TITLE **D** ☐ DELETE
NAME **VICE PRES. DOROTHY TOTLAND**
STREET ADDRESS **50 N.W. 198TH ST.**
CITY-ST-ZIP **MIAMI, FLA. 33369**

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

TITLE **D** ☐ DELETE
NAME **SEC/TREAS. DARLENE MARTIN**
STREET ADDRESS **18022 SW 88TH PL.**
CITY-ST-ZIP **MIAMI, FL. 33157**

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

TITLE **T** ☐ DELETE
NAME **LIASON BILL HATT**
STREET ADDRESS **1720 N. 22ND AVE.**
CITY-ST-ZIP **DADEWOOD, FLA. 33020**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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, changed, or on an attachment with an address.

SIGNATURE:

Rev. Darlene Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-96 **305-255-7634**

CR2E037 (12/95)

DM 4-26-96