## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 742989

(7)

JOHN GRIFFIN POST ASSOCIATION, INC.

| JOHN GRIFFIN PUST AS   | SOCIATION, INC.                                   |                 |        |  |                                   |
|--|---|-----------------|--------|--|-----------------------------------|
| Principal Place of Business  | Mailing Address                                   | Mailing Address |        | 1 Man 14 day and water and a second  |                                   |
| 880 N.W. 54TH STREET<br>MIAM FL 33127  | 880 N.W. 54TH STREET<br>Miami Fl. 33127           |                 |        |  |                                   |
| With 12 4412   |   |                 |        | 3. Date Incorporated or Qualified 3a. 05/24/1978   | Date of Last Report<br>12/06/1995 |
| 2. Principal Place of Business   | 2a. Mailing Address                               |                 |        | 4. FEI Number 65-0567676   | Applied For<br>Not Applicable     |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                               |                 |        | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |
| City & State   | City & State                                      |                 |        | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees    |
| Zip Cour   | ·   | Country         |        | This corporation has liability for intangible     Florida Statutes   | ∐ No                              |
| 24 25  | 29     30  <br> ress of Current Registered Agent  | 1               |        | 10. Name and Address of New Register   | ed Agent                          |
| 9. Name and Add  | Itess of Corrent Neglistered Agon.                | 81              | Name   |  |                                   |
| DANIELS, HENRY W.<br>100 N.W. 47 TERRACE   |   | 82              | Street | Address (P.O. Box Number is Not Acceptable)  |                                   |
| MAMI FL 33127  |   | 63              |        |  |                                   |
|  |   | 84              | City   |  | FL 85 Zip Code                    |
| Pursuant to the provisions of Se or registered agent, or both, in familiar with, and accept the observators. | ligations of, Section 617.0503, Florida Statutes. |                 |        | corporation submits this statement for the purpose of shoard of directors. I hereby accept the appointment |                                   |

| IGNATURE _      | The second secon | (NOTE: Registered Agent signature required to | when reinstating) DATE  |                   |
|-----------------|--|---|---|-------------------|
|                 | Signature, typed or printed name of registered agent and trile if applicable OFFICERS AND DIRECTORS  | 13.   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS                       | S IN 12           |
| 2.              | DDG: F   |   | Change  | Addition Addition |
| LE              | FD   | 1.2 NAME                                      |   |                   |
| ME              | DANIELS, HENRY W   | 13 STREET ADDRESS                             |   |                   |
| ieet address    | 100 N.W. 47TH TERR   | 1.4 CITY - ST - ZIP                           |   | ¥45               |
| TY-ST-ZIP       | MIAMI FL 33127   |   | ☐ Change  | Addition Addition |
| TLE             | YU   | 2.2 NAME                                      |   |                   |
| AME             | WILCOX, ROBERT M.  | 2.3 STREET ADDRESS                            |   |                   |
| treet address   | 6965 N.W. 30TH AVENUE  | 2 4 CITY-S1-ZIP                               |   |                   |
| ITY-ST-ZIP      | MIAMI FL   |   | Change  | Addition Addition |
| TLE             | 1U   | 3.2 NAME                                      |   |                   |
| IAME            | DANIELS, MARIE M<br>100 NW 47TH TERRACE  | 3 3 STREET ADDRESS                            |   |                   |
| STREET ADDRESS  |  | 3 4. CITY - ST-ZIP                            |   | =                 |
| CITY-ST-2IP     | MIAMI FL 33127   |   | Change  | ☐ Additio         |
| ITLE            | 30 -   | 4. 2 NAME                                     |   |                   |
| IAMÉ            | MILLER, WILL<br>16811 NW 24TH AVENUE   | 4.3 STREET ADDRESS                            |   |                   |
| TREET ADDRESS   |  | 4.4 CITY - ST - ZIP                           |   |                   |
| CITY - ST - ZIP | OPA LOCKA FL   |   | Change  | Addition Addition |
| TITLE           | עון ו  | 5.2 NAME                                      |   |                   |
| NAME            | SILVA, VERNEKA<br>3587 HISBUSCUS STREET  | 5 3 STREET ADDRESS                            |   |                   |
| STREET ADDRESS  |  | 5.4 CITY-ST-ZIP                               |   | en                |
| CITY - ST - ZIP | MIAMI FL.  |   | ☐ Change  | Additi            |
| TITLE           | _ U  | 6.2 NAME                                      |   |                   |
| NAME            | GORING, CECIL C.   | 6.3 STREET ADDRESS                            |   |                   |
| STREET ADDRESS  |  |   |   |                   |
| CITY - ST - ZIP | MIAMI FL   | atarily furnished and does not qualify        | for the exemption stated in Section 119.07(3)(k), Florida Statute | es. I furthe      |

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 cartify 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 cartify 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.

PRINTED NAME OF BIGNING OFFICER OR DIRECTOR