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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:44

DOCUMENT # 746687 (3)

1. Corporation Name

THE SOUTH FLORIDA CHAPTER OF THE DYSAUTONOMIA FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O SHIRLEY RUBENSTEIN 10467 SUNRISE LAKES BLVD SUNRISE FL 33322	C/O SHIRLEY RUBENSTEIN 10467 SUNRISE LAKES BLVD SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1979
3a. Date of Last Report: 01/21/1994
4. FEI Number: 51-0248444 ☐ 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

RUBENSTEIN, MRS SHIRLEY
10467 SUNRISE LAKES BLVD
APT. ~~210~~ 409
SUNRISE 33322

10. Name and Address of New Registered Agent

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 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	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	HARAWITZ, SHERRY	1.2 NAME	MOSKOWITZ, LILLIAN	
STREET ADDRESS	10467 SUNRISE LAKES BLVD	1.3 STREET ADDRESS	2551 - NW 103 AVE	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	EISNER, DORIS	2.2 NAME		
STREET ADDRESS	10422 N.W. 24TH PLACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	VD	☑ Change ☐ Addition
NAME	MOSKOWITZ, LILLIAN	3.2 NAME	FELDMAN, HORTENSE	
STREET ADDRESS	2551 NW 103 AVE	3.3 STREET ADDRESS	9981 - SUNRISE LAKES BLVD.	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	RUBENSTEIN, SHIRLEY	4.2 NAME		
STREET ADDRESS	10467 SUNRISE LAKES BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP		
TITLE	RS	5.1 TITLE		☐ Change ☐ Addition
NAME	KETHMAN, ESTHER	5.2 NAME		
STREET ADDRESS	2780 PINE ISLAND RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP		
TITLE	CS	6.1 TITLE	CS	☑ Change ☐ Addition
NAME	PERLMAN, LILLIAN	6.2 NAME	RITTERMAN, TEMA	
STREET ADDRESS	1810 SW 81 AVE	6.3 STREET ADDRESS	2580 - N.W. 103 AVE	
CITY-ST-ZIP	N LAUDERDALE FL	6.4 CITY-ST-ZIP	SUNRISE, FL 33322	

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: Shirley Rubenstein Treas 1/20/95 305-472-9449
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
SHIRLEY RUBENSTEIN

0047038