

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 # **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

3. Date Incorporated or Qualified
04/09/1979

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
FELDMAN, HORTENSE
9881 SUNRISE LAKES BLVD.
SUNRISE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
EISNER, DORIS
10422 N.W. 24TH PLACE
SUNRISE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
MOSKOWITZ, LILLIAN
2551 NW 103 AVE
SUNRISE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
RUBENSTEIN, SHIRLEY
10467 SUNRISE LAKES BLVD
SUNRISE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
RS
KETHMAN, ESTHER
2780 PINE ISLAND RD
SUNRISE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CS
RITTERMAN, TEMA
2580 NW 103RD AVE.
SUNRISE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 if changed, or on an attachment with an address.

SIGNATURE:

Shirley Rubenstein, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/17/96** Daytime Phone # **954-572-9889**

CR2E037 (12/95)