

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 BELLA KARGAUER
2635 NW 104TH AVE 110
SUNRISE FL 33322
US

2635 NW 104 AVE 110
10467 SUNRISE LAKES BLVD
SUNRISE FL 33322
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2635 N.W. 104 Ave.

23 City & State

27 Suite, Apt. #, etc. Apt. 110
28 City & State Sunrise, FLA.

24 Zip Country

29 Zip Country
30 33322 U.S.

3. Date Incorporated or Qualified

04/09/1979

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARGAUER, BELLA
2635 NW 104 AVE APT 110
SUNRISE FL 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE P.D. ☐ Change ☐ Addition
1.2 NAME DORIS EISNER
1.3 STREET ADDRESS 10422 N.W. 24TH PLACE
1.4 CITY-ST-ZIP SUNRISE FLA. 33322

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

2.1 TITLE V.D. ☐ Change ☐ Addition
2.2 NAME FELDMAN HORTENSE
2.3 STREET ADDRESS 9881 SUNRISE LAKES BLVD.
2.4 CITY-ST-ZIP SUNRISE FLA. 33322

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

3.1 TITLE V.D. ☐ Change ☐ Addition
3.2 NAME FISHMAN MILDRED
3.3 STREET ADDRESS 10220 N.W. 30TH COURT
3.4 CITY-ST-ZIP SUNRISE FLA. 33322

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

4.1 TITLE T ☐ Change ☐ Addition
4.2 NAME KARGAUER, BELLA
4.3 STREET ADDRESS 2635 N.W. 104 AVE.
4.4 CITY-ST-ZIP SUNRISE FLA. 33322

TITLE S ☐ DELETE
NAME HARAWITZ, SHERRY
STREET ADDRESS 10467 SUNRISE LAKES BLVD
CITY-ST-ZIP SUNRISE FL

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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:

[Signature] SIGNATURE REQUIRED

1/9/98

CR2E037 (10/97)