


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 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 # 748511 (3) 1. Corporation Name SEACOAST SABBATH STUDY GROUP, INC.					
Principal Place of Business 5101 COLLINS AVENUE MIAMI BEACH FL 33140			Mailing Address 5101 COLLINS AVENUE MIAMI BEACH FL 33140		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/13/1979 4. FEI Number 59-2259226 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent JACOBSON, JEAN 5555 COLLINS AVENUE APT. 8V MIAMI BEACH FL 33140			10. Name and Address of New Registered Agent 81 Name JEAN Jacobson 82 Street Address (P.O. Box Number is Not Acceptable) 5555 Collins Ave. 83 MIAMI Beach FL. 84 City FL 85 Zip Code 33140		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	MANDEL, JACK				
STREET ADDRESS	5101 COLLINS AVE.				
CITY-ST-ZIP	MIAMI BEACH FL 33140				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	KAUFMAN, REGINA				
STREET ADDRESS	5825 COLLONS AVE.				
CITY-ST-ZIP	MIAMI BEACH FL 33140				
TITLE	ASD	<input checked="" type="checkbox"/> DELETE			
NAME	KESSELMAN, IDA				
STREET ADDRESS	5825 COLLON AVE.				
CITY-ST-ZIP	MIAMI BEACH FL 33140				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	KAUFMAN, HERMAN				
STREET ADDRESS	5825 COLLINS AVE				
CITY-ST-ZIP	MIAMI BEACH FL 33140				
TITLE	ASD	<input type="checkbox"/> DELETE			
NAME	JACOBSON, JEAN				
STREET ADDRESS	5555 COLLINS AVENUE, #8V				
CITY-ST-ZIP	MIAMI BEACH FL 33140				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Sandra B. Mortham</i></u> 1/23/98 305-861-3219					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (10/97)