

FILE NOW: FILING FEE IS \$61.25

FILED

May 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761458 (9)

1. Corporation Name

FLORIDA NARAL, INC.

Principal Place of Business

2900 BRIDGEPORT AVE.
300
COCONUT GROVE FL 33133
US

Mailing Address

P.O. BOX 398795
MIAMI BEACH FL 33239-8795
US

3. Date Incorporated or Qualified

01/13/1982

3a. Date of Last Report

08/30/1996

4. FEI Number

59-2169503

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARLAN, CHARLOTTE E
44 WEST FLAGLER ST.
404
MIAMI FL 33130

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 PD
NAME KARLAN, CHARLOTTE E
STREET ADDRESS 44 W. FLAGLER ST., #404
CITY-ST-ZIP MIAMI FL 33130
☒ DELETE1.1 TITLE PD
1.2 NAME Joyce Eiden
1.3 STREET ADDRESS 18680 Lake Bend Dr.
1.4 CITY-ST-ZIP Jupiter, FL 33458
☐ Change ☒ AdditionTITLE VPD
NAME KARLAN, LAURA
STREET ADDRESS 4342 SHERIDAN AVE., #5
CITY-ST-ZIP MIAMI BEACH FL 33140
☒ DELETE2.1 TITLE VPD
2.2 NAME McGrath, Felicity
2.3 STREET ADDRESS 215 Calabria Ave., #12
2.4 CITY-ST-ZIP Coral Gables, FL 33134
☒ Change ☐ AdditionTITLE D
NAME MCGRATH, FELICITY
STREET ADDRESS 215 CALABRIA AVE., #12
CITY-ST-ZIP CORAL GABLES FL 33134
☐ DELETE3.1 TITLE D
3.2 NAME Rana Hoffman, Robin
3.3 STREET ADDRESS 7319 73rd Way
3.4 CITY-ST-ZIP West Palm Beach, FL 33407
☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0076458

CFR2037 (9/96)