

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762842 (3)

1. Corporation Name

THE SOUTH FLORIDA CHAPTER OF THE INTERNATIONAL P
ALM SOCIETY, INC.

Principal Place of Business

Mailing Address

1107 NE 118 STREET
BISCAYNE PARK FL 331611107 NE 118 STREET
BISCAYNE PARK FL 33161-64413. Date Incorporated or Qualified
04/12/19823a. Date of Last Report
06/17/1996

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

4. FEI Number

59-2528151

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEYS, DANIEL
1107 NE 118 STREET
BISCAYNE PARK FL 33161

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	<input type="checkbox"/> DELETE
NAME	KEYS, DANIEL	
STREET ADDRESS	1107 NE 118 STREET	
CITY-ST-ZIP	BISCAYNE PARK FL 33161	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Johnson, Ken	
1.3 STREET ADDRESS	22845 SW 163rd Ave	
1.4 CITY-ST-ZIP	Goulds, Fls 33170	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, KEN	
STREET ADDRESS	22845 SW 163RD AVE	
CITY-ST-ZIP	GOULDS FL 33170	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Decker, Kurt	
2.3 STREET ADDRESS	1445 Tyler Street	
2.4 CITY-ST-ZIP	Hollywood, Fl. 33020	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	DECKER, KURT	
STREET ADDRESS	1445 TYLER STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Keys, Daniel	
3.3 STREET ADDRESS	1107 NE 118 st	
3.4 CITY-ST-ZIP	Biscayne Park, Fls 33161	

TITLE	RSD	<input type="checkbox"/> DELETE
NAME	KERN, RICK	
STREET ADDRESS	17980 N.W. 2 AVE.	
CITY-ST-ZIP	MIAMI FL 33169	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	No change	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	CSDO	<input type="checkbox"/> DELETE
NAME	DEMARCO, DEBRA	
STREET ADDRESS	6730 SW 75TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33143	

5.1 TITLE	CSDO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Buhler, Theodora	
5.3 STREET ADDRESS	311 East Ridge Village Dr.	
5.4 CITY-ST-ZIP	Miami, Fla 33157	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, THERESA	
STREET ADDRESS	18485 CARIBBEAN BLVD.	
CITY-ST-ZIP	MIAMI FL 33157	

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 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, changed, or on an attachment with an address.

SIGNATURE:

Daniel Keys
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031679

CR2E037 (9/96)