

# 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 # 771315 (9)

1. Corporation Name

COMA RECOVERY ASSOCIATION OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

1181 NE 200 ST  
N MIAMI BEACH FL 33179

1181 NE 200 ST  
N MIAMI BEACH FL 33179

3. Date Incorporated or Qualified

11/18/1983

3a. Date of Last Report

03/22/1995

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

4. FEI Number

59-2340426

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

8. 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

SCHENK, THEODORE  
1181 NE 200 ST  
N MIAMI BEACH FL 33179

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 ☐ DELETE

NAME  
CD  
SCHENK, AUDREY  
STREET ADDRESS  
1181 NE 200TH STREET  
CITY-ST-ZIP  
N. MIAMI BEACH FL

TITLE ☐ DELETE

NAME  
DP  
BROWN, BERT  
STREET ADDRESS  
6435 S.W. 102ND ST.  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
VD  
BERNARD, DARYL  
STREET ADDRESS  
845 NE 121 STR  
CITY-ST-ZIP  
NO MIAMI FL

TITLE ☐ DELETE

NAME  
VSD  
SACHS, BETTE  
STREET ADDRESS  
12325 S.W. 31ST ST.  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
TD  
SCHENK, TED  
STREET ADDRESS  
1181 NE 200TH STREET  
CITY-ST-ZIP  
N. MIAMI BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Ted Schenk* TED SCHENK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 26, 1996*

Date

305-651-7554

Daytime Phone #

CR2E037 (12/95)