

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:50

DOCUMENT # F93000003417 (3)

1. Corporation Name

NORTH AMERICAN FAMILY INSTITUTE, INC.

Principal Place of Business

10 HARBOR ST.
DANVERS MA 01923

Mailing Address

10 HARBOR ST.
DANVERS MA 01923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/27/1993

3a. Date of Last Report
03/02/1994

4. FEI Number
04-2921507

Applied For
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MILLER, GEORGE RALPH
105 EAST NELSON AVE.
DEFUNIAK SPRINGS FL 32433**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **ZUSKY, MARGARET**
STREET ADDRESS **581 BOYLSTON STR**
CITY - ST - ZIP **BOSTON MA**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Change Addition

TITLE **DC**
NAME **MADORSKY, JEROLD**
STREET ADDRESS **44 PILGRIM RD.**
CITY - ST - ZIP **MARBLEHEAD MA**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

TITLE **D**
NAME **BEMAK, FREDERIC**
STREET ADDRESS **149 REGISTER AVE.**
CITY - ST - ZIP **BALTIMORE MD**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

D
James Isenberg
6 Ogden Ave.
White Plains, NY

TITLE **DP**
NAME **BROWN, DONALD**
STREET ADDRESS **AHANA CENTER, BOSTON COLLEGE**
CITY - ST - ZIP **CHESTNUT HILL MA**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

TITLE **AC**
NAME **MILLER, FRIEDA**
STREET ADDRESS **1100 SALEM ST.**
CITY - ST - ZIP **LYNNFIELD MA**

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

Change Addition

D
Julie Hardin
15 River Street
Boston, MA - 02114

TITLE **T**
NAME **PARIS, HILDEGARDE**
STREET ADDRESS **285 PLEASANT ST.**
CITY - ST - ZIP **MARBLEHEAD MA 01945**

6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Hildegard Paris
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

2/3/95

508-774-0774
Telephone Number