

**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 # **F93000003417 (3)**

1. Corporation Name

**NORTH AMERICAN FAMILY INSTITUTE, INC.**



Principal Place of Business

Mailing Address

10 HARBOR ST.  
DANVERS MA 01923

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DANVERS MA 01923

3. Date Incorporated or Qualified  
**07/27/1993**

3a. Date of Last Report  
**02/08/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**04-2921507**

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

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

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 1?

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ZUSKY, MARGARET</b>	
STREET ADDRESS	<b>581 BOYLSTON STR</b>	
CITY-ST-ZIP	<b>BOSTON MA</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>MADORSKY, JEROLD</b>	
STREET ADDRESS	<b>44 PILGRIM RD.</b>	
CITY-ST-ZIP	<b>MARBLEHEAD MA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ISENBERG, JAMES</b>	
STREET ADDRESS	<b>6 OGDEN AVE</b>	
CITY-ST-ZIP	<b>WHITE PLAINS NY</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, DONALD</b>	
STREET ADDRESS	<b>AHANA CENTER, BOSTON COLLEGE</b>	
CITY-ST-ZIP	<b>CHESTNUT HILL MA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HARDIN, JULIE</b>	
STREET ADDRESS	<b>15 RIVER STREET</b>	
CITY-ST-ZIP	<b>BOSTON MA</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>PARIS, HILDEGARDE</b>	
STREET ADDRESS	<b>265 PLEASANT ST.</b>	
CITY-ST-ZIP	<b>MARBLEHEAD MA 01945</b>	

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Dr. Barbara Vinick</b>	
1.3 STREET ADDRESS	<b>22 Bradlee Ave.</b>	
1.4 CITY-ST-ZIP	<b>Swampscott, MA 01907</b>	
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 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: **Hildegarde Paris, Treasurer** *Hildegarde Paris* 1/17/96 508-774-0774  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)