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FILED
Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 01923-3390
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3. Date Incorporated or Qualified 07/27/1993	3a. Date of Last Report 01/25/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 04-2921507	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ZUSKY, MARGARET
STREET ADDRESS	581 BOYLSTON STR
CITY-ST-ZIP	BOSTON MA
TITLE	DC <input type="checkbox"/> DELETE
NAME	MADORSKY, JEROLD
STREET ADDRESS	44 PILGRIM RD.
CITY-ST-ZIP	MARBLEHEAD MA
TITLE	D <input type="checkbox"/> DELETE
NAME	ISENBERG, JAMES
STREET ADDRESS	6 OGDEN AVE
CITY-ST-ZIP	WHITE PLAINS NY
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	BROWN, DONALD
STREET ADDRESS	AHANA CENTER, BOSTON COLLEGE
CITY-ST-ZIP	CHESTNUT HILL MA
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HARDIN, JULIE
STREET ADDRESS	15 RIVER STREET
CITY-ST-ZIP	BOSTON MA
TITLE	T <input type="checkbox"/> DELETE
NAME	PARIS, HILDEGARDE
STREET ADDRESS	285 PLEASANT ST.
CITY-ST-ZIP	MARBLEHEAD MA 01945

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dr. Barbara Vinick
1.3 STREET ADDRESS	72 Bradlee Ave.
1.4 CITY-ST-ZIP	Swampscott, MA 01907
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dr. Frederick Bemak
2.3 STREET ADDRESS	149 Register Ave.
2.4 CITY-ST-ZIP	Baltimore, MD
3.1 TITLE	President <input checked="" 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 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: *Hildegard Paris* **2/14/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0076166**

CR2E037 (9/96)