

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

**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

4. FEI Number

04-2921507

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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 12

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

1.1 TITLE **Director**  Change  Addition  
1.2 NAME **Dr. Donald Brown**  
1.3 STREET ADDRESS **72 College Rd.**  
1.4 CITY-ST-ZIP **Chestnut Hill, MA**

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

2.1 TITLE **Director**  Change  Addition  
2.2 NAME **Dr. Rita Chi-Ying Chung**  
2.3 STREET ADDRESS **Ohio State University**  
2.4 CITY-ST-ZIP **Columbus, OH**

TITLE  DELETE  
NAME **P ISENBERG, JAMES**  
STREET ADDRESS **6 OGDEN AVE**  
CITY-ST-ZIP **WHITE PLAINS NY**

3.1 TITLE **Director**  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **D VINCIK, BARBARA DR.**  
STREET ADDRESS **72 BRADLEE AVE.**  
CITY-ST-ZIP **SWAMPSCOTT MA**

4.1 TITLE **President**  Change  Addition  
4.2 NAME **Dr. Yitzhak Bakal**  
4.3 STREET ADDRESS **59 Bayview Rd.**  
4.4 CITY-ST-ZIP **Marblehead, MA**

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

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

TITLE  DELETE  
NAME **T PARIS, HILDEGARDE**  
STREET ADDRESS **265 PLEASANT ST.**  
CITY-ST-ZIP **MARBLEHEAD MA 01945**

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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: *[Signature]*

1/14/98

CR2E037 (10/97)