

FILE NOW: FILING FEE IS \$61.25

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Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90229 007 \*\*\*\*61.25

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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000003417

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



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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	07/27/1993	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	04-2921507	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DR D	1.2 NAME	
STREET ADDRESS	72 COLLEGE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL MA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHI-YING CHUNG, DR R	2.2 NAME	
STREET ADDRESS	OHIO STATE UNIVERSITY	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISENBERG, JAMES	3.2 NAME	
STREET ADDRESS	6 OGDEN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCIK, BARBARA DR.	4.2 NAME	
STREET ADDRESS	72 BRADLEE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SWAMPSCOTT MA	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKAL, DR Y	5.2 NAME	
STREET ADDRESS	59 BAYVIEW RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARBLEHEAD MA	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARIS, HILDEGARDE	6.2 NAME	
STREET ADDRESS	265 PLEASANT ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARBLEHEAD MA 01945	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, with all other like empowered.

SIGNATURE: [Signature] 3/4/99 978-774-0774  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)