

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 # N05192

(2)

1. Corporation Name

FRIENDS OF THE JAPANESE GARDEN, INC.

Principal Place of Business

Mailing Address

C/O MS. AGNES YOUNGBLOOD
700 LAKEVIEW DR.
MIAMI BEACH FL 33140

C/O MS. AGNES YOUNGBLOOD
700 LAKEVIEW DR.
MIAMI BEACH FL 33140

1688 Meridian Ave
MIAMI BEA

2. Principal Place of Business
21 1688 Meridian Ave

2a. Mailing Address

26 1688 Meridian Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1001

27 1001

City & State

City & State

23 MIAMI BEACH FL

28 MIAMI BEACH FL

Zip

Country

Zip

Country

24 33139

25 Dade

29 33139

30 Dade

3. Date Incorporated or Qualified

09/17/1984

3a. Date of Last Report

02/14/1995

4. FEI Number

59-2616203

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

YOUNGBLOOD, AGNES
700 LAKEVIEW DR.
MIAMI BEACH FL 33140

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

150 SE 25 Rd

83 # 11J

84 City MIAMI

FL

85 Zip Code

33129

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

TITLE ☐ DELETE

NAME PD
STREET ADDRESS YOUNGBLOOD, AGNES
CITY-ST-ZIP 2333 BRICKELL AVE., #417
MIAMI FL

TITLE ☐ DELETE

NAME SD
STREET ADDRESS STIEGER, CONSTANCE
CITY-ST-ZIP 7400 S.W.L 63RD AVE.
MIAMI FL

TITLE ☒ DELETE

NAME TD
STREET ADDRESS GOLD, HILLARD, M.D.
CITY-ST-ZIP 700 LAKEVIEW DR.
MIAMI BEACH FL

TITLE ☒ DELETE

NAME D
STREET ADDRESS SWANN, JUDGE R.H.M.
CITY-ST-ZIP 2801 PONCE DE LEON
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T D ☒ Change ☐ Addition

GEORGES, WILTRUD

920 NE 121 ST. APT. B

BISCAYNE PARK FL 33161-6454

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 7, 1996

305 538 2121

Date

Daytime Phone #

CR2E037 (12/95)

OR 5-1-96

3-13-96