FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N05192 DOCUMENT #
1. Corporation Name

(2)

Mailing Address

FRIENDS OF THE JAPANESE GARDEN, INC.

C/O MS. AGNES YOUNGBLOOD 1688 MERIDIAN AVE. #1001 MIAMI BEACH FL 33139				1688 MIAM	C/O MS. AGNES YOUNGBLOOD 1688 MERIDIAN AVE. #1001 MIAMI BEACH FL 33139-2707						5 D-4-1						
US				US	US						09/17/1984 0			05/01	of Last Report 5/01/1996		
2. Principal Place of Business					2a. Mailing Address						4. FEI Nu)			Ар	plied For
21				26	<u> </u>						25) 26 16200)			-	t Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certific	ate of Statu	s Desired		*		dditional	
City & State				27	City & State					\dashv	C Floration	. 0	F::-				quired
23)	, a cialo			28							n Campaign und Contrib	•				May Be
23	Zıp		Country			1	Country	·				orporation ha					
24	۱ ٔ	•	25	29	·	30	•					Statutes	is nability it		□ No	101 B.	189.032,
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent								
l				81	1	Name	AG	NES	YOUN	6 BLC	POD						
YOUNGBLOOD, AGNES												Number is					
150 SE 25 RD.							82		233			Kell "					
#11J									unit		417						
MIAMI FL 33129								╄-	City						85	Zip (ode
									L M					FL	3	8	12.4
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															registered		
	agent. La	m familiar wi	th, and accept the obligat	tions of,	Section 617.0503,	, Florida	Statutes	ş.	io corpore	allon	s Doard O	Oliectors. I	ficiony acc	ehi ine ah	pointine	ıı ası	e Bistel e C
s	IGNATURE .																
1:		Signature, typed	or punited name of registered agent			NOTE: Reg		eni :	signature requ	uired w		,	E0 TO 0E	DATE	D DIDEO	700	0.101.40
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	AME		BLOOD, AGNES				1.2 NAME								C., 0140	ngo	Addition
ı	REET ADDRESS		ICKELL AVE., #417				1.3 STREET	T AD	norce								
	TY-ST-ZIP	MIAMI F					1.4 CITY-S										
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ST	REET ADDRESS		W.L 63RD AVE.				2.3 STREET	T AD	DRESS								
D)	TY-ST-ZIP	MIAMI F	L				2. 4 CITY-	ST-	ZIP					į.			
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	REET ADDRESS						6.3 STREET	7 4 12	inecee								
	TY-ST-ZIP						6.4 CITY - S										
	4. I do heret	y certify tha	t the information supplied	with this	filing does not au	uality for	the exe	eme	otion state	ed in	Section 1	19.07(3)(i). F	lorida Statu	ites. I furth	er certify	that i	the
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; the 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.												ler noth that					

SIGNATURE AND VPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 7, 1997

305-538-2121 Daytime Phone # 0027330

FILED

Jan 22 1997 8:00am

Secretary of State