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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N08884 (1)

1. Corporation Name

MIAMI BRIDGE YOUTH AND FAMILY SERVICES, INC.

Principal Place of Business

Mailing Address

2810 NW S. RIVER DR.  
MIAMI FL 33125

2810 NW S. RIVER DR.  
MIAMI FL 33125



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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
06/19/1985

3a. Date of Last Report  
07/18/1995

4. FEI Number  
59-2569847

Applied For  
Not Applicable

5. Certificate of Status Desired

8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

HARPER, CHILTON E.  
2810 NW S. RIVER DR.  
MIAMI FL 33125

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: Chilton E. Harper

02/12/96

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 PD  
NAME GROH, JAMES S.  
STREET ADDRESS 701 BRICKELL AVE SUITE 300  
CITY - ST - ZIP MIAMI FL

1.1 TITLE President PD  
1.2 NAME Judy Reinach  
1.3 STREET ADDRESS 365 Harbor Lane  
1.4 CITY - ST - ZIP Key Biscayne, FL 33149

TITLE VPD  
NAME REINACH, JUDY  
STREET ADDRESS 365 HARBOR LANE  
CITY - ST - ZIP KEY BISCAINE FL

2.1 TITLE Vice-President VPD  
2.2 NAME Rick Bajandas  
2.3 STREET ADDRESS 601 Brickell Key Drive, Suite 605  
2.4 CITY - ST - ZIP Miami, FL 33131

TITLE SD  
NAME TURICI, RICHARD  
STREET ADDRESS 3325 NW 62 STREET  
CITY - ST - ZIP MIAMI FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE TD  
NAME CASTILLA, MANUEL, JR.  
STREET ADDRESS 6051 SW 44 TERRACE  
CITY - ST - ZIP MIAMI FL

4.1 TITLE Treasurer TD  
4.2 NAME Lisa K. Grossman  
4.3 STREET ADDRESS 375 Hampton Lane  
4.4 CITY - ST - ZIP Key Biscayne, FL 33149

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

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: JAMES S. GROH, DIRECTOR

5/10/96

305-635-8953

CR2E037 (12/95)