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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **STEPHANIE K. DOLOVEI**

82 Street Address (P.O. Box Number is Not Acceptable)
2810 NW S RIVER DR

83

84 City **MIAMI** FL 85 Zip Code **33125**

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 of 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

Stephanie Kay Dolovei
Signature, typed or printed name of registered agent and title if applicable.

Stephanie Kay Dolovei, Exec Director
(NOTE: Registered Agent signature required when reinstating)

DATE **1/7/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **REINACH, JUDY**
STREET ADDRESS **365 HARBOR LANE**
CITY-ST-ZIP **KEY BISCAINE FL 33149**

TITLE **VPD** ☒ DELETE
NAME **BAJANDAS, RICK**
STREET ADDRESS **601 BRICKELL KEY DR., SUITE 605**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **TD** ☐ DELETE
NAME **GROSSMAN, LISA K.**
STREET ADDRESS **375 HAMPTON LANE**
CITY-ST-ZIP **KEY BISCAINE FL 33149**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VPD**
2.3 STREET ADDRESS **MATZNER, VERONICA**
2.4 CITY-ST-ZIP **5880 SW 97 ST**
MIAMI FL 33156

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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 appointed 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 in an attachment with an address.

SIGNATURE:

Judy Reinach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # **305 636-3510**

CR2E037 (10/97)