

NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT

1996 *Non Profit*



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT # **N12510** (6)

1. Corporation Name

LOUIS WOLFSON II MEDIA HISTORY CENTER, INC.

Principal Place of Business

Mailing Address

**MIAMI DADE PUBLIC LIBRARY
101 WEST FLAGLER STREET
MIAMI FL 33130**

**MIAMI DADE PUBLIC LIBRARY
101 WEST FLAGLER STREET
MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1985

3a. Date of Last Report

07/05/199

4. FEI Number

59-2666628

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status



**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

In pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office to the 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME **P**
STREET ADDRESS **PELTON, MARGARET**
CITY-ST-ZIP **300 NE 2ND AVE
MIAMI FL**

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

Horace J. Traylor

TITLE
NAME **T**
STREET ADDRESS **BLOOD, ROBERT**
CITY-ST-ZIP **300 N.E. 2ND AVE.
MIAMI FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Treasurer
300 N.E. 2nd Ave.
Miami, Fl. 33132

TITLE
NAME **D**
STREET ADDRESS **BROWN, WILLIAM**
CITY-ST-ZIP **UNIVERSITY OF MIAMI
MIAMI FL**

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

TITLE
NAME **D**
STREET ADDRESS **WOLFSON, LYNN**
CITY-ST-ZIP **5050 NORTH BAY ROAD
MIAMI BEACH FL**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**See attached list for
additional names**

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

200001807582
-05/04/96--01004--018
*****61.25**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

5-1-96
JD

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. Further, 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

4-25-96

305-237-3138



N12510

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LOUIS WOLFSON III MEDIA HISTORY CENTER

A State of Florida designated moving image center and archive

Executive Board

Joe Abrell
536 Hardee Road
Coral Gables, FL 33146
371-7000 442-3563 Fax

Tony Blank
National Brands, Inc.
9350 South Dixie Hwy
Su 900 Miami, FL 33156
670-2277 670-2220 Fax

William Brown
Archives and Special
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University of Miami
Otto Richter Library
Box 248214
Coral Gables, FL 33124
284-3247 665-7352 Fax

Don Chauncey *

Director of Film Dept
Miami-Dade Public Library
101 West Flagler St
Miami, FL 33130
375-5191 375-3048 Fax

Paul Cohen
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Harbor House 1219-S
Bal Harbour, FL 33154
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Florida State University
The Film School
Tallahassee, FL 32306-
2084
904/644-8968

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Wolfson Initiative
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Miami, FL 33137
573-0444 573-0409 Fax

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Vice Provost
NWSA
300 NE 2nd Ave
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237-3138 231-3794 Fax

Mary Sommerville *

Director
Miami-Dade Public Library
System
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375-5026 375-5545 Fax

Louis Wolfson III
President
Venture W Corporation
9350 South Dixie
Highway #900
Miami, FL 33156
670-2226 670-2212 Fax

Mrs. Lynn Wolfson
5050 North Bay Road
Miami Beach, FL 33140
865-2605 868-5612 Fax

* Dade County Employee