FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:52

DOCUMENT # N16211 (7)

1. Corporation Name
GURDJIEFF INSTITUTE, INC.

Principal Place of Business	Mailing Address
% IRVING SMITH 2851 POLK ST HOLLYWOOD FL 33020	% IRVING SMITH 2851 POLK ST HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1986
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2716096 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: X — $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: X — $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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SMITH, IRVING
~~2851 POLK STREET~~ OK
HOLLYWOOD FL 33020

1

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President P	☒ Change ☐ Addition
NAME	SOLOMON, DAVID	12 NAME	IRVING SMITH D	
STREET ADDRESS	5101 COLLINS AVE. APT.11-F	13 STREET ADDRESS	115 Calle Grande Dr	
CITY-ST-ZIP	MIAMI BEACH FL 33140	14 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	S	21 TITLE	Secretary S	☒ Change ☐ Addition
NAME	KUHLMANN, MARJORIE	22 NAME	Ella R. Smith T	
STREET ADDRESS	2988 SO. UNIVERSITY DR. #8105	23 STREET ADDRESS	115 Calle Grande Dr.	
CITY-ST-ZIP	DAVIE FL 33328	24 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	VP	31 TITLE	VICE PRESIDENT VP	☒ Change ☐ Addition
NAME	DENARO, MADELINE	32 NAME	MARYANNE O'NEILL D	
STREET ADDRESS	2800 NE. 27TH STREET	33 STREET ADDRESS	1801 SE 21 Ave	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	34 CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
TITLE	T	41 TITLE	TREASURER T	☒ Change ☐ Addition
NAME	DUNKELMAN, LINDA	42 NAME	Beverly A. Rhodes D	
STREET ADDRESS	1217 SPRING CIRCLE DRIVE	43 STREET ADDRESS	244 Wimbledon Lake Dr.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	44 CITY-ST-ZIP	Plantation, FL 33324	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	VRANESVICH, RON	52 NAME		
STREET ADDRESS	6229 SW 150TH PATH	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33193	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

RETURNED BY MAY 1

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)(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 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: Beverly A Rhodes 4/24/95 (305)468-3513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BEVERLY A. RHODES, TREASURER

0005480