

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT

**1996**



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

**DOCUMENT # N16810**

1. Corporation Name

The Jewish Guild for the Blind of Florida, Inc.

Principal Place of Business

200 East Broward Blvd.

P.O. Box 1900

Ft. Lauderdale, FL 33302-1900

Mailing Address

same

3. Date Incorporated or Qualified  
09/16/86

3a. Date of Last Report  
04/05/95

4. FEI Number  
13-1623385

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

2. Principal Place of Business

21 5300 First Union Fin. Ctr.

Suite, Apt. #, etc.

22 200 S. Biscayne Blvd.

City & State

23 Miami, FL

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 5300 First Union Fin. Ctr.

Suite, Apt. #, etc.

27 200 S. Biscayne Blvd.

City & State

28 Miami, FL

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

Barnett, Elliott B.  
200 E. Broward Blvd.  
Ft. Lauderdale, FL 33302

81 Name

David S. Mandel, Esquire

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

5300 First Union Financial Center

83

200 South Biscayne Boulevard

84 City

Miami

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 617.0302 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

Signature (type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-instating)

DATE

4/19/96

12. OFFICERS AND DIRECTORS

TITLE P/D  
NAME Heimerdinger, John F.  
STREET ADDRESS 200 East Broward Blvd.  
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE V/D  
NAME Morse, Alan R.  
STREET ADDRESS 200 East Broward Blvd.  
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE C/D  
NAME Goldschmidt, Lawrence E.  
STREET ADDRESS 641 Lexington Avenue  
CITY-ST-ZIP New York, NY 10022

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
15 West 65th Street  
New York, NY 10023

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
15 West 65th Street  
New York, NY 10023

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
C/D James M. Dubin  
1285 Avenue of the Americas  
New York, NY 10019

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
T/D Kahn, Thomas Graham  
1 Exchange Place  
New York, NY 10006

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
S/D Raiff, Pauline  
1155 Park Avenue  
New York, NY 10128

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  
600001788536  
-04/22/96--01032--035

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
John F. Heimerdinger

DATE

4/17/97

212-769-6211  
Daytime Phone #

CR2E037 (12/95)