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FILED

Apr 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16810 (6)

1. Corporation Name

THE JEWISH GUILD FOR THE BLIND OF FLORIDA, INC.

Principal Place of Business

Mailing Address

5300 FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 331315300 FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 33131-23103. Date Incorporated or Qualified
09/16/19863a. Date of Last Report
04/20/19964. FEI Number
13-1623385

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 2300 MIAMI CENTER

Suite, Apt. #, etc.

22 201 SOUTH BISCAYNE BLVD

City & State

23 MIAMI, FL

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 2300 MIAMI CENTER

Suite, Apt. #, etc.

27 201 SOUTH BISCAYNE B

City & State

28 MIAMI, FL

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

MANDEL, DAVID S., ESQ.
5300 FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

2300 MIAMI CENTER

83 201 SOUTH BISCAYNE BLVD.

84 City MIAMI

FL

85 Zip Code

33131

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 obligation of Section 617.0503, 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

TITLE PD ☐ DELETENAME HEIMERDINGER, JOHN F.
STREET ADDRESS 15 WEST 65TH STREET
CITY-ST-ZIP NEW YORK NY 10023TITLE VD ☐ DELETENAME MORSE, ALAN R.
STREET ADDRESS 15WEST 65TH STREET
CITY-ST-ZIP NEW YORK NY 10023TITLE CD ☐ DELETENAME DUBIN, JAMES M.
STREET ADDRESS 1285 AVE. OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10019TITLE TD ☐ DELETENAME KAHN, THOMAS GRAHAM
STREET ADDRESS 1 EXCHANGE PLACE
CITY-ST-ZIP NEW YORK NY 10006TITLE SD ☐ DELETENAME RAIFF, PAULINE
STREET ADDRESS 1155 PARK AVE.
CITY-ST-ZIP NEW YORK NY 10128TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do 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 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 any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN F. HEIMERDINGER
PRESIDENT AND CHIEF EXECUTIVE OFFICER
THE JEWISH GUILD FOR THE BLIND

Date

Deform Phone # 0026515

CR2E037 (9/96)