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Jun 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
169 E. FLAGLER ST.
#1200
MIAMI, FL. 33131

Mailing Address
169 E. FLAGLER ST
#1200
MIAMI, FL 33131.

3. Date Incorporated or Qualified
09/16/1986

4. FEI Number
13 - 1623385
☐ Applied For
☐ Not Applicable

2. Principal Place of Business
21

2a. Mailing Address
26

Suite Apt #, etc
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MANDEL, DAVID S., ESQ.
MANDEL & MIXON LLP
169 EAST FLAGLER ST. SUITE 1200
MIAMI, FL 33131.

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 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ 5/13/98
Signature - Typed or printed name of person signing and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	HEIMERDINGER, JOHN F.	
STREET ADDRESS	15 WEST 65th STREET	
CITY-ST-ZIP	NEW YORK NY 10023	
TITLE	VD	☐ DELETE
NAME	MORSE, ALAN R.	
STREET ADDRESS	15 WEST 65th STREET	
CITY-ST-ZIP	NEW YORK NY 10023	
TITLE	CO	☐ DELETE
NAME	DUBIN, JAMES M.	
STREET ADDRESS	1285 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	TD	☐ DELETE
NAME	KAHN, THOMAS GRAHAM	
STREET ADDRESS	1 EXCHANGE PLACE	
CITY-ST-ZIP	NEW YORK NY 10006	
TITLE	SD	☐ DELETE
NAME	RAIFF, PAULINE	
STREET ADDRESS	1155 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10128	
TITLE		☐ DELETE
NAME		
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	PD	☒ 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	400002560254	☐ Change ☐ Addition
6.2 NAME	-06/16/98--01017--007	
6.3 STREET ADDRESS	***61.25	PE 6-15
6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 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: _____ 5/28/98 212-769-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #