

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90006 020 ****61.25

DOCUMENT #N16810 (G) ✓

1. Corporation Name

The Jewish Guild For The Blind Of Florida, Inc.

Principal Place of Business

169 E. Flagler St
Suite 1200
Miami, FL 33131

Mailing Address

169 E. Flagler St.
Suite 1200
Miami, FL 33131

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

09/16/1986

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

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DAVID S. MANDEL

5/25/99

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 CD ☐ DELETE

NAME Dubin, James M.

STREET ADDRESS 1285 Avenue 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 Avenue

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 PD ☒ Change ☐ Addition

1.2 NAME Morse, Alan R.

1.3 STREET ADDRESS 15 West 65th Street

1.4 CITY-ST-ZIP New York, NY 10023

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Goldschmidt, Lawrence E.

2.3 STREET ADDRESS 641 Lexington Avenue

2.4 CITY-ST-ZIP New York, NY 10022

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Rittmaster, Jane G.

3.3 STREET ADDRESS 911 Park Avenue

3.4 CITY-ST-ZIP New York, NY 10021

4.1 TITLE Chairman-Elect/Director ☐ Change ☒ Addition

4.2 NAME Mishkin, Joseph S.

4.3 STREET ADDRESS 1075 Park Avenue

4.4 CITY-ST-ZIP New York, NY 10128

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/1/99

212 769 4210

CR2E037 (1/98)