

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N26610 (8)**

1. Corporation Name

**SOUTH FLORIDA QI GONG RESEARCH GROUP, INC.**



Principal Place of Business

Mailing Address

**374 NE 85TH STREET  
MIAMI FL 33138**

**374 NE 85TH STREET  
MIAMI FL 33138**

3. Date Incorporated or Qualified  
**05/25/1988**

3a. Date of Last Report  
**11/14/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0155254**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRADFORD, VIRGINIA  
802 BRICKELL AVENUE, #900  
MIAMI FL 33131**

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CT** ☒ DELETE  
NAME **GREENBERG, BARBARA**  
STREET ADDRESS **374 N.E. 85TH STREET**  
CITY-ST-ZIP **MIAMI FL**

TITLE **CDS** ☐ DELETE  
NAME **DONALDSON, EUGENE**  
STREET ADDRESS **374 N.E. 85 ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **CD** ☒ DELETE  
NAME **HAMELICK, PAULA**  
STREET ADDRESS **2400 BRICKELL AVE 1040**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE  
NAME **FISCHER, ANN**  
STREET ADDRESS **7241 SW 78TH CT.**  
CITY-ST-ZIP **SOUTH MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN "12"

1.1 TITLE **D STEVEN BAKER** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **948 ADAMS STREET**  
1.4 CITY-ST-ZIP **HOLLYWOOD, FL. 33011**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **SD TERRY HASKINS** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **6708 CROOKED PALM TER.**  
3.4 CITY-ST-ZIP **MIAMI LAKES, FL. 33014**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Eugene Donaldson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EUGENE DONALDSON**

**2/1/96**  
Date

**305  
758 3616**  
Daytime Phone #

CR2E037 (12/95)