FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

N28849

(0)

THE BODY POSITIVE RESOURCE CENTER, INC.

Principal Place of Business		Mailing Address) is dividir to hidel repersually gotif	. LØJO BIBAL DIB	A) WIEN DISH BU	911 619 11 1861
% DORIS FEINBERG		% DORIS FEINBERG						
175 NE 36 ST MIAMI FL 33137-3624		175 NE 36 ST MIAMI FL 33137-3624						
MIAMI FL 3313/	·-y024	MIRMI PL 33137-3024			 Date Incorporated or Qualified 10/13/1988 		ate of Last Ro 06/21/199	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			65-0077571		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	X	\$8.75		
22		City & State					Fee Re	
City & State	o .	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Countr		This corporation has liability for			
24	25	29	30	•		Yes [100.002,
Name and Address of Current Registered Agent					10. Name and Address of New R	egistered	Agent	
	•		B1	Name				
FEINBERG, DORIS			82	Street Add	iress (P.O. Box Number is Not Accepta	ble)		
175 NE 36 ST								
MIAMI FI	Ľ 33140		83	1				
			84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Stati	utes, the abov	e-named cor	poration submits this statement for the	purpose of	f changing it	s registered
office of r agent. I a	egistered agent, or txoth, in the State m familiar with, and accept the obliga	of Florida, Such change was ations of, Section 617.0503, F	lorida Statute	y the corpora s.	poration submits this statement for the tition's board of directors. I hereby acception	the abb	iomiment as	registered
	Signature typeo or printed name of registered age	nt and title if applicable (NC		ent signature requi	ired when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF	CERS AND	DIHECTOR Change	Addition
TITLE	DP LI DELETE FEINBERG, DORIS		1.1 TITLE				Unanys	L.J Addition
NAME DADGET ADODESIS	821 MAYFIELD AVENUE		1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS	WINTER PARK FL	1.4 CITY-ST-2		1				
CITY - ST - ZIP TITLE	DSS DELETE		2.1 TITLE	51-ZIP		····	Change	Addition
NAME	HURST, CLINT		22 NAME				C. C	Land 1 Wallion
STREET ADDRESS	501 S E 12TH STREET		2.3 STREET ADDRESS		.•			
CHY-ST-ZIP FT. LAUDERDALE FL		2.4 City-St-ZIP		· · · · I				
TITLE	DS DELETE		3.1 TITLE				☐ Change	Addition
NAME	SHERMAN, TROY		3.2 NAME]				
STREET ADDRESS	1439 WEST AVE. APT. #501		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33139		3.4. CITY -	ST-ZIP				
TITLE	DST	DELETE	4.1 TITLE				Change	Addition
NAME	WALDER, GREG		4. 2 NAME					
STREET ADDRESS	4129 NORTH MERIDIAN AVEN	NUE	4.3 STREE	T ADDRESS				
CITY-S1-2IP	FORT LAUDERDALE FL		4.4 CITY-	ST-ZIP			· <u></u>	
TITLE	DS	DELETE	5.1 TITLE				Change	Addition
NAME	BONDY, DARREN		5.2 NAME	ļ				
STREET ADDRESS	1061 MICHIGAN AVENUE #2		5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE			6.1 TITLE				☐ Change	Addition
NAME	HYER, LARRY		6.2 Name					
STREET ADDRESS	2575 LAKE AVENUE		6.3 STREE	T ADDRESS				
1	MIAMI DEACH EI		6 4 6 4714					

14. I do hereby certify that the information supplied with this filling 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 a address?