

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90020 017 ****61.25
07-27-1999 90020 018 *****8.75

DOCUMENT # N28849

1. Corporation Name

THE BODY POSITIVE RESOURCE CENTER, INC.

Principal Place of Business

Mailing Address

% DORIS FEINBERG
175 NE 36 ST
MIAMI FL 33137-3624

% DORIS FEINBERG
175 NE 36 ST
MIAMI FL 33137-3624



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/13/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0077571

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEINBERG, DORIS
175 NE 36 ST
MIAMI FL 33140

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

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

TITLE

DP
FEINBERG, DORIS

NAME

6360 PELICAN BAY BLVD.
NAPLES FL 34108

STREET ADDRESS

CITY-ST-ZIP

TITLE

DSS

HURST, CLINT

NAME

1254 DREXEL AVE. APT. #12
MIAMI BCH. FL 33139

STREET ADDRESS

CITY-ST-ZIP

TITLE

DS

SHERMAN, TROY

NAME

1439 WEST AVE. APT. #501
MIAMI BEACH FL 33139

STREET ADDRESS

CITY-ST-ZIP

TITLE

DST

WALDER, GREG

NAME

4129 NORTH MERIDIAN AVENUE
FORT LAUDERDALE FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

DS

HYER, LARRY

NAME

2575 LAKE AVENUE
MIAMI BEACH FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4438 Royal Palm Avenue
Miami Beach, FL 33140

DS
Caballero, Wilhelm
780 North East 69 Street, 302
Miami, Florida 33138

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:

Thomas A. Korman
THOMAS A. KORMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/99

Date

(305) 576-1111

Daytime Phone #

CR2E037 (5/99)