

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N36847** (4)

1. Corporation Name

THE JUNIOR ASSEMBLY OF MIAMI, INC.



Principal Place of Business

Mailing Address

201 S BISCAYNE BLVD
TENTH FLOOR, MIAMI CENTER
MIAMI FL 33131
US

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TENTH FLOOR, MIAMI CENTER
MIAMI FL 33131
US

3. Date Incorporated or Qualified
02/28/1990

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

65-0257780

Not Applicable

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24

25

Country

29

30

Country

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

BRUMBAUGH, JOHN M
201 S BISCAYNE BLVD
TENTH FLOOR, MIAMI CENTER
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BRUMBAUGH, CAROLINE P MRS.**
STREET ADDRESS **9050 SW 52ND AVE**
CITY - ST - ZIP **MIAMI FL**

11 TITLE **BEGEMAN, FREDERICK MRS** ☐ Change ☒ Addition
12 NAME **8150 ERWIN RD.**
13 STREET ADDRESS **MIAMI, FL 33143**
14 CITY - ST - ZIP

TITLE **D** ☒ DELETE
NAME **DOWLEN, LEONIDAS MRS.**
STREET ADDRESS **4700 UNIVERSITY DR.**
CITY - ST - ZIP **CORAL GABLES FL**

21 TITLE **DAWELL, NANCY MS.** ☐ Change ☒ Addition
22 NAME **520 HARDEE ROAD**
23 STREET ADDRESS **CORAL GABLES, FLA 33146**
24 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **CLAUSEN, MRS. KENNETH F**
STREET ADDRESS **370 NE 97 ST**
CITY - ST - ZIP **MIAMI SHORES FL**

31 TITLE **DICKERSON, LYNN MRS** ☐ Change ☒ Addition
32 NAME **280 Leucadendria Drive**
33 STREET ADDRESS **Coral Gables, Fla. 33156**
34 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **GARTH, M BRANHAM MRS**
STREET ADDRESS **11090 SNAPPER CREEK RD**
CITY - ST - ZIP **MIAMI FL**

41 TITLE **EBBERT, DONALD MRS** ☐ Change ☒ Addition
42 NAME **650 UNIVERSITY DR.**
43 STREET ADDRESS **CORAL GABLES, FLA 33134**
44 CITY - ST - ZIP

TITLE **D** ☒ DELETE
NAME **RUSSELL, MRS, EDWARD**
STREET ADDRESS **9045 SW 58 AVE**
CITY - ST - ZIP **MIAMI FL**

51 TITLE **Fernandez, John MRS** ☐ Change ☒ Addition
52 NAME **12440 OLD Cutler Rd**
53 STREET ADDRESS **Coral Gables, Fla. 33136**
54 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE **SNOW, EDWARD H. MRS** ☐ Change ☒ Addition
62 NAME **1430 Placenta Ave**
63 STREET ADDRESS **Coral Gables 33134**
64 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: *Caroline P. Brumbaugh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/96 305 666 8247
Date Daytime Phone #

CR2E037 (12/95)