FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48222 (6)

1. Corporation Name

FRIENDS OF THE NORTHEAST FOCAL POINT SENIOR CENTER, INC.

Principal Place of Business	Mailing Address
C/O DAVID K. BROWN 1701 WEST HILLSBORO BLVD. SUITE 302 DEERFIELD BEACH FL 33442	C/O DAVID K. BROWN 1701 WEST HILLSBORO BLVD. SUITE 302 DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1992
3a. Date of Last Report: 04/08/1994
4. FEI Number: 65-0330666 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status X **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes X No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BROWN, DAVID K.
1701 WEST HILLSBORO BLVD.
SUITE 302
DEERFIELD BEACH FL 33442

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	BROWN, DAVID K.	12 NAME		
STREET ADDRESS	1701 W. HILLSBORO BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL	14 CITY-ST-ZIP		
TITLE	~~PD~~	21 TITLE		X Change ☐ Addition
NAME	PHILLIPS, KEVIN	22 NAME		
STREET ADDRESS	2480 E COMMERCIAL BLVD	23 STREET ADDRESS	delete	
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	KRAWITZ, SANDRA G.	32 NAME		
STREET ADDRESS	150 E. PALMETTO PK. RD, SUITE 720	33 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	MANN, MOLLIE S	42 NAME		
STREET ADDRESS	207 WESTBURY K	43 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	44 CITY-ST-ZIP		
TITLE	~~SD~~	51 TITLE	PD	X Change ☐ Addition
NAME	WINKLER, JANE S	52 NAME		
STREET ADDRESS	130 SE 7TH STREET	53 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	54 CITY-ST-ZIP		
TITLE		61 TITLE	SD	☐ Change X Addition
NAME		62 NAME	JUDY WALTERS	
STREET ADDRESS		63 STREET ADDRESS	1588 W HILLSBORO BLVD	
CITY-ST-ZIP		64 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	

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)(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.

SIGNATURE: Mollie Mann Jane _____ 4/20/95 (Date) 305-427-5252 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D050393