

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996 4-9-96

DIVISION OF CORPORATIONS

DOCUMENT # N48222

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



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/03/1992

3a. Date of Last Report
04/27/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

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

TITLE
NAME

D
BROWN, DAVID K.
1701 W. HILLSBORO BLVD.
DEERFIELD BEACH FL

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

D
KRAWITZ, SANDRA G.
150 E. PALMETTO PK. RD, SUITE 720
BOCA RATON FL 33432

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

TD
MANN, MOLLIE S
207 WESTBURY K
DEERFIELD BEACH FL 33442

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

PD
WINKLER, JANE S
130 SE 7TH STREET
DEERFIELD BEACH FL 33441

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

SD
WALTERS, JUDY
1888 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Jane S. Winkler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-96

421-9130

Date

Daytime Phone

CR2E037 (12/95)