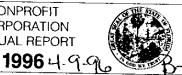
## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS 3302

DOCUMENT #

1. Corporation Name N48222

FRIENDS OF THE NORTHEAST FOCAL POINT SENIOR CENT ER, INC.

C/O DAVID K. BROWN

Principal Place of Business

Mailing Address

C/O DAVID K. BROWN



DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 3				SUITE 302				
2 Principal 6	Place of Business				3. Date Incorporated or Qualified 04/03/1992			st Report 7/1995
21	riace of business	2a. Mailing Address			4. FEI Number			Applied For
Suite, Apt	# etc	26			65-0330666			Not Applicable
Suite, Apt. #, etc. Suite, Apt. :			etc.		5. Certificate of Status Desired		\$8.	75 Additional
City & Sta	to	City & State			The state of States Education			e Required
<b>Z</b> ip		28			Election Campaign Financing     Trust Fund Contribution		\$5.	00 May Be ded to Fees
24	Country 25	Zip	$\vdash$	intry	8. This corporation has liability for in	langible tau	under	s 199 032
24	9. Name and Address of Cu	29	30		Florida Statutes	Yes 1	Nο	J. 100.00E,
	S. Hamb and Address of Cu	irrent Registered Agent			10. Name and Address of New Re	gistered A	gent	<del></del>
DDOUG	I DAIMD II			81 Name				
	BROWN, DAVID K.				dress (P.O. Box Number is Not Acceptable	·		
1701 WEST HILLSBORO BLVD.						•		
SUITE (				83				<del></del>
DEERFI	ELD BEACH FL 33442			84 City			<del>, , , -</del>	_ <del>.</del>
<del></del>				<b>-</b>		Fi		7ip Code
11. Pursuant or registe	to the provisions of Sections 617.0	502 and 617.1508, Florida Statutes	s, the abo	ve-named corpo	pration submits this statement for the purpor	ose of chan	oino ite	registered office
familiar w	ith, and accept the obligations of, S	Section 617.0503, Florida Statutes.	a by the c	orporation's boa	oration submits this statement for the purpo and of directors. I hereby accept the appoin	itment as re	agistere	ed agent. I am
SIGNATURE	Signature typed or printed name of registered a		Do a bood	Agent signature requir				
12.		AND DIRECTORS	13.	Agent signature requir		DATE		
TITLE	D	DELETE	1.1 111	I.F.	ADD TIONS/CHANGES TO OFFIC			
NAME	BROWN, DAVID K.	-	1.2 NA			L.	) Change	Addition
STREET ADDRESS	1701 W. HILLSBORO BLVI	n		'				
CITY - ST - ZIP	DEERFIELD BEACH FL	••	ľ	REE I ADDRESS				
TITLE	D	DELETE	2 1 117	Y-ST-ZIP				
NAME	KRAWITZ, SANDRA G.			ľ			Change	Addition
STREET ADDRESS	150 E. PALMETTO PK. RD	SHITE 700	2.2 NA					
CITY-ST-ZIP	BOCA RATON FL 33432	, SUITE 120		REET ADDRESS				
THLE	TD	DELETE		TY-ST-ZIP				
NAME (	MANN, MOLLIE S	Dereit	3 1 TIT				Change	☐ Addition
STREET ADDRESS	207 WESTBURY K		3 2 NAI					
CrTY-ST-ZIP	DEERFIELD BEACH FL 334	140	3 3 STE	EE1 ADDRESS				
TITLE	PD PD	142   TOELETE		Y-S1-ZIP		_		
NAME	WINKLER, JANE S	LIDELETE	4 1 TITI	ļ			Change	Addition
STREET ADDRESS	130 SE 7TH STREET		4. 2 NA					
		144	4.3 STF	EET ADDRESS				
CITY-ST-ZIP TITLE	DEERFIELD BEACH FL 334		4.4 CH	r-ST-ZIP				
NAME	SD WALTEDS HIDV	DELETE	5 1 TITL	E			Change	Addition
	WALTERS, JUDY		5.2 NAN	1E				_
STREET ADDRESS	1888 W HILLSBORO BLVD		5.3 STR	EET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 334		5.4 CITY	'-ST-ZIP				
TITLE		DELETE	61 TITL	F		[]	Change	Addition
NAME			6.2 NAN	IE		. ب	ago	_ regulari
STREET ADDRESS			63 STRI	EE1 ADDRESS				
CITY-S1-ZIP				- ST-ZIP				
14. I do hereby	certify that the information supplier	d with this flips is well-start.	94 0111	OT-CIL	·			

r up nereby 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

9-22-96 X 421-9130