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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48222 (6)

1. Corporation Name
FRIENDS OF THE NORTHEAST FOCAL POINT SENIOR CENTER, INC.

Principal Place of Business C/O DAVID K. BROWN 1701 WEST HILLSBORO BLVD. SUITE 302 DEERFIELD BEACH FL 33442	Mailing Address C/O DAVID K. BROWN 1701 WEST HILLSBORO BLVD. SUITE 302 DEERFIELD BEACH FL 33442-3893
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2. Principal Place of Business 21 227 NW 2ND STREET	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DEERFIELD BEACH, FL	City & State 28
Zip 24 33441	Country 25 USA

3. Date Incorporated or Qualified 04/03/1992	3a. Date of Last Report 04/09/1996
4. FEI Number 65-0330666	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	NAME BROWN, DAVID K.	STREET ADDRESS 1701 W. HILLSBORO BLVD.	CITY-ST-ZIP DEERFIELD BEACH FL	<input type="checkbox"/> DELETE
TITLE D	NAME KRAWITZ, SANDRA G.	STREET ADDRESS 150 E. PALMETTO PK. RD, SUITE 720	CITY-ST-ZIP BOCA RATON FL 33432	<input type="checkbox"/> DELETE
TITLE TD	NAME MANN, MOLLIE S	STREET ADDRESS 207 WESTBURY K	CITY-ST-ZIP DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> DELETE
TITLE PD	NAME WINKLER, JANE S	STREET ADDRESS 130 SE 7TH STREET	CITY-ST-ZIP DEERFIELD BEACH FL 33441	<input type="checkbox"/> DELETE
TITLE SD	NAME WALTERS, JUDY	STREET ADDRESS 1888 W HILLSBORO BLVD	CITY-ST-ZIP DEERFIELD BEACH FL 33442	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	Vicky McKay
3.4 CITY-ST-ZIP	c/o Chiropractic Center of D.B. 1193 S. Federal Hwy - Deerfield Bch 33441
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	President
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Vice President
6.3 STREET ADDRESS	Nancy Thomas
6.4 CITY-ST-ZIP	620 N.W. 104th Avenue Coral Springs, FL 33071

14. I do 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.

SIGNATURE: **X Jane S. Winkler** **JANE S. WINKLER** **1-28-97** **954-481-9130**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042840

CR2E037 (9/96)