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NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N49149** **(0)**

1. Corporation Name

PLANNED GIVING COUNCIL OF DADE COUNTY, INC.

Principal Place of Business	Mailing Address
% CHARLES E. MULLER II 9100 S. DADELAND BLVD. STE 1707 MIAMI FL 33156 US	% CHARLES E. MULLER. II 9100 S. DADELAND BLVD. STE 1707 MIAMI FL 33156 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 06/01/1992	3a. Date of Last Report: 04/28/1995
21	26	4. FEI Number: 65-0406749	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

MULLER, CHARLES E. I
9100 S. DADELAND BLVD.
STE 1707
MIAMI FL 33156

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVENSKY, HAROLD R 241 SEVILLA AVENUE, #902 CORAL GABLES FL 33134	XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President/Director Lettie J. Bien 9655 S. Dixie Hwy, Suite 104 Miami, Florida 33156	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROOKS, STEVEN D 301 41 ST MIAMI BEACH FL 33140	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GOLDBERG, MARTA 700 BRICKELL AVENUE, 2ND FLOOR MIAMI FL 33131	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANZIVINO, JOHN 2699 S. BAYSHORE DRIVE, #500 COCONUT GROVE FL 33133	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTER, DAVID 3000 SW 62ND AVENUE MIAMI FL 33155	XX DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Vice President/Director Barbara Skigen 5288 Davis Road Miami, Florida 33143	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MULLER, CHARLES E. I 9100 S. DADELAND BLVD. MIAMI FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: _____ 4/2/96 (305) 666-0095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #