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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N51036 (4)

1. Corporation Name

SOUTH FLORIDA FRIENDS OF JAZZ, INC.



Principal Place of Business

Mailing Address

3851 NO 31 TERR
HOLLYWOOD FL 33021
US

PO BOX 8020
HALLANDALE FL 33008
US

3. Date Incorporated or Qualified

09/24/1992

3a. Date of Last Report

04/05/1995

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

10. Name and Address of New Registered Agent

**SCHNEIDER, ALAN B.
20803 BISCAYNE BLVD
STE 200
AVENTURA FL 33180**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **SCHNEIDER, JOEL A. MD**
CITY-ST-ZIP **3851 N 31 TER**
HOLLYWOOD FL 33021

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **TD**
1.3 STREET ADDRESS **MUCCIANO, STEPHANIE**
1.4 CITY-ST-ZIP **20341 W. COUNTRY CLUB DR.**
AVENTURA, FL 33180

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **REYNOLDS, MARJORIE**
CITY-ST-ZIP **2701 NORTH OCEAN BOULEVARD**
FT LAUDERDALE FL 33308

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VD**
2.3 STREET ADDRESS **SY KAMERMAN**
2.4 CITY-ST-ZIP **4126 INVERRARY BLVD**
LAUDERHILL, FL 33319

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **RICHTER, ILA**
CITY-ST-ZIP **4000 NORTH 43RD AVENUE**
HOLLYWOOD FL 33021

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **BLOCK, RODNEY**
3.4 CITY-ST-ZIP **4900 PIERCE ST**
HOLLYWOOD, FL 33021

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **WEBER, RONALD B. MD**
CITY-ST-ZIP **4901 PIERCE ST / 0885 NW 5TH ST**
HOLLYWOOD FL PLANTATION, FL 33324

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GLASSER, ROBERT MD**
CITY-ST-ZIP **2698 OAKMONT**
FT LAUDERDALE FL 33332

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GLASSER, EVELYN**
CITY-ST-ZIP **2968 OAKMONT**
FORT LAUDERDALE FL 33322

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Ronald B. Weber, MD

(954) 236-0175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)