

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000003367 (9)

1. Corporation Name

THE GREATER MIAMI SOUTH CHAPTER OF THE NATIONAL SOCIETY OF FUND RAISING EXECUTIVES, INC.



Principal Place of Business

Mailing Address

14840 S.W. 144 TERRACE
MIAMI FL 33196
US

14840 S.W. 144 TERRACE
MIAMI FL 33196
US

3. Date Incorporated or Qualified: **07/05/1994**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	29	Country
25	Country	30	Country

4. FEI Number	65-0121702	<input checked="" type="checkbox"/> Applied For	<input checked="" 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

ZWEIG, ILENE
11742 SW 92 TERRACE
C/O ILENE ZWEIG
MIAMI FL 33186

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83	Identification Number	200001897442
84	City	MIAMI
	State	FL
	Zip Code	33124

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 date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	P	1.1 TITLE	P
NAME	GAYNOR, BARBARA	1.2 NAME	Tom Schramm
STREET ADDRESS	2101 W. COMMERCIAL BLVD	1.3 STREET ADDRESS	14840 SW 144 Terrace
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	Miami, FL 33196
TITLE	PP	2.1 TITLE	V.P. Finance
NAME	ZWEIG, ILENE	2.2 NAME	Gloria C. Kaplan
STREET ADDRESS	P.O. BOX 016960 (R-100) N/A	2.3 STREET ADDRESS	1921 N.E. 210 Street
CITY-ST-ZIP	MIAMI FL 33101	2.4 CITY-ST-ZIP	North Miami Beach, FL 33179
TITLE	V	3.1 TITLE	VP
NAME	SCHRAMM, TOM	3.2 NAME	Donna Hildreth
STREET ADDRESS	14840 S.W. 144 TERRACE	3.3 STREET ADDRESS	407 Arthur Dodfrey Rd.
CITY-ST-ZIP	MIAMI FL 33196	3.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	VD	4.1 TITLE	VP
NAME	SCHRAMM, TOM	4.2 NAME	Joyce Galya
STREET ADDRESS	8900 N KENDALL DRIVE	4.3 STREET ADDRESS	P.O. Box 248073
CITY-ST-ZIP	MIAMI FL 33176	4.4 CITY-ST-ZIP	Miami, FL 33124-1210
TITLE	VD	5.1 TITLE	Sec.
NAME	CHAYKIN, MELISSA	5.2 NAME	Connie Wellman
STREET ADDRESS	4300 ALTON ROAD	5.3 STREET ADDRESS	601 N.E. 107th Street
CITY-ST-ZIP	MIAMI BEACH FL 33140	5.4 CITY-ST-ZIP	Miami, FL 33161
TITLE	VD	6.1 TITLE	VP
NAME	GOLFDON, DENISE	6.2 NAME	Doug Mayer
STREET ADDRESS	P O BOX 016960 (R-100)	6.3 STREET ADDRESS	8900 N. Kendall Drive
CITY-ST-ZIP	MIAMI FL 33101	6.4 CITY-ST-ZIP	Miami, FL 33176

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:

Connie Willman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-759-2843

Daytime Phone #

CR2E037 (12/95)