


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 15 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 # **N95000003213 (4)**

1. Corporation Name

SOUTH FLORIDA ASSOCIATION OF SILLIMAN ALUMNI AND FRIENDS, INC.



Principal Place of Business

Mailing Address

702 SW 15 STREET
FT. LAUDERDALE FL 33315

702 SW 15 STREET
FT. LAUDERDALE FL 33315-1625

3. Date Incorporated or Qualified
07/07/1995

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number
65-0616446

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

HOBART, GLENDA

82 Street Address (P.O. Box Number is Not Acceptable)

4501 E. COUNTRY CLUB CIRCLE

83

84 City

PLANTATION

FL

85 Zip Code
33317

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 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 **PD**
STREET ADDRESS **LOOSIN, ROZZANO C**
CITY-ST-ZIP **5254-8 EUROPA DR**
BOYNTON BCH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **DURAY, ERICA V**
CITY-ST-ZIP **4972 NW 51 ST**
COCONUT CREEK FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **VICOY, AMY P**
CITY-ST-ZIP **5524 NW 55TH DR**
COCONUT CREEK FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PORTER, LUZ S**
CITY-ST-ZIP **8843 SW 14TH ST**
PEMBROKE PINES FL

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

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **HOBART, GLENDA**
5.3 STREET ADDRESS **4501 E. COUNTRY CLUB CIRCLE**
5.4 CITY-ST-ZIP **PLANTATION, FL 33317**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **S**
6.3 STREET ADDRESS **GRIFFIN, FLORIAN**
6.4 CITY-ST-ZIP **4077 NW 61 CR**
CORAL SPRINGS, FL 33067

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.

GLENDA HOBART

11 4-97 254 355 5521

CP2E037 (9/96)