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Jul 08 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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**

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FT. LAUDERDALE FL 33315**

3. Date Incorporated or Qualified

07/07/1995

4. FEI Number

65-0616446

Applied For

Not Applicable

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

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOBART, GLENDA
4501 E COUNTRY CLUB CIRCLE
PLANTATION FL 33317**

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOOSIN, ROZZANO C	
STREET ADDRESS	8254-8 EUROPA DR	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DURAY, ERICA V	
STREET ADDRESS	4972 NW 51 ST	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> DELETE
NAME	VICOY, AMY P	
STREET ADDRESS	8524 NW 55TH DR	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> DELETE
NAME	PORTER, LUZ S	
STREET ADDRESS	8843 SW 14TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME	HOBART, GLENDA	
STREET ADDRESS	4501 E COUNTRY CLUB CIRCLE	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME	GRIFFIN, FLORIZA	
STREET ADDRESS	4077 NW 61 CR	
CITY-ST-ZIP	CORAL SPRINGS FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILSON, RON	
1.3 STREET ADDRESS	601 SE 7 AVENUE	
1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RAMIREZ, MELVIN	
2.3 STREET ADDRESS	6688 NW 80 MANOR	
2.4 CITY-ST-ZIP	PARKLAND, FL 33067	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SOPHIA CATABAY	
6.3 STREET ADDRESS	5723 NW 46 DRIVE	
6.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33067	

14. I 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 *[Signature]* 7/11/98 (957) 355-5531

CR2E037 (10/97)