

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90041 008 ****61.25

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1. Corporation Name

**SOUTH FLORIDA ASSOCIATION OF SILLIMAN ALUMNI AND
FRIENDS, INC.**

Principal Place of Business
702 SW 15 STREET
FT. LAUDERDALE FL 33315

Mailing Address
702 SW 15 STREET
FT. LAUDERDALE FL 33315



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/07/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0616446

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 25 29 30

9. 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 J2

TITLE PD
NAME WILSON, RON
STREET ADDRESS 601 S E 7TH AVE
CITY-ST-ZIP DEERFIELD BCH FL 33441

☐ DELETE

1.1 TITLE Auditor
1.2 NAME Pablo Duray
1.3 STREET ADDRESS 4972 NW 51st, Coconut Creek, FL. 33073
1.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE VPD
NAME RAMIREZ, MELVIN
STREET ADDRESS 6688 N W 80TH MANOR
CITY-ST-ZIP PARKLAND FL 33067

☐ DELETE

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

☐ Change ☐ Addition

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

☐ DELETE

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

☐ Change ☐ Addition

TITLE D
NAME PORTER, LUZ S
STREET ADDRESS 8643 SW 14TH ST
CITY-ST-ZIP PEMBROKE PINES FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE D
NAME HOBART, GLENDA
STREET ADDRESS 4501 E COUNTRY CLUB CIRCLE
CITY-ST-ZIP PLANTATION FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE S
NAME CATABAY, SOPHIA
STREET ADDRESS 5723 N W 46TH DR
CITY-ST-ZIP CORAL SPGS FL 33067

☐ DELETE

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-11-99 (954) 5846769

Date

Daytime Phone #

CR2E037 (11/98)