

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 18 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 # **N96000001636 (7)**

1. Corporation Name

THE JOURNEY INSTITUTE, INC.

Principal Place of Business

**7800 RED ROAD, SUITE 222
MIAMI FL 33143**

Mailing Address

**7800 RED ROAD, SUITE 222
MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/25/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0663026

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**COHEN, MAX
7800 RED ROAD, SUITE 334
MIAMI FL 33143**

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME **D FREEMAN, GILL ESQ.**
STREET ADDRESS **701 BRICKELL AVE., STE 1900**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE

NAME **D ARMSTRONG, RAY PHD**
STREET ADDRESS **555 BILTMORE WAY, STE. 206**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE

NAME **D STILES-GLAZER, DORIS PHD**
STREET ADDRESS **555 BILTMORE WAY, STE. 206**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE

NAME **D GLAZER, LEONARD PHD**
STREET ADDRESS **555 BILTMORE WAY, STE. 206**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE

NAME **D COHEN, MAX**
STREET ADDRESS **7800 RED ROAD, SUITE 334**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ DELETE

NAME **D LIPTON, PAUL ESQ**
STREET ADDRESS **20803 BISCAYNE BLVD., STE. 200**
CITY-ST-ZIP **AVENTURA FL 33180**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 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 **X** SIGNATURE REQUIRED

8/11/97 1202112-261

CR2E037 (4/97)