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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

7600 RED ROAD, SUITE 222
MIAMI FL 33143

Mailing Address

7600 RED ROAD, SUITE 222
MIAMI FL 33143



3. Date Incorporated or Qualified

03/25/1996

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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

2. Principal Place of Business

21 **1514 San Ignacio Ave**

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

22 **Suite 150**

Suite, Apt. #, etc.

27

City & State

23 **Coral Gables, FL**

City & State

28

Zip

24 **33146**

Country

25 **USA**

Zip

29

Country

30

9. Name and Address of Current Registered Agent

COHEN, MAX

7600 RED ROAD, SUITE 334

MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name **Patricia A. Fried**

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

14240 Bedford Cr

83

84 City **Ft. Lauderdale**

FL

85 Zip Code

33305

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

Patricia A. Fried CPA

Patricia A. Fried

1-29-98

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	D	DELETE
NAME	FREEMAN, GILL ESQ.	
STREET ADDRESS	701 BRICKELL AVE., STE. 1900	135 NW 12 ST.
CITY-ST-ZIP	MIAMI FL 33131	MIAMI, FL 33125
TITLE	D	DELETE
NAME	ARMSTRONG, RAY PHD	
STREET ADDRESS	555 BILTMORE WAY, STE. 206	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	DELETE
NAME	STILES-GLAZER, DORIS PHD	
STREET ADDRESS	555 BILTMORE WAY, STE. 206	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	DELETE
NAME	GLAZER, LEONARD PHD	
STREET ADDRESS	555 BILTMORE WAY, STE. 206	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	DELETE
NAME	COHEN, MAX	
STREET ADDRESS	7600 RED ROAD, SUITE 334	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	D	DELETE
NAME	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	D	Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	MILLER, GARY REV.		
1.3 STREET ADDRESS	3010 DESOTO BLVD		
1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134		
2.1 TITLE	D	Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	ELSER, MARSHA ESQ		
2.3 STREET ADDRESS	COURTHOUSE TOWER, STE 2100		
2.4 CITY-ST-ZIP	44 W. FLAGLER ST		
	MIAMI, FL. 33130		
3.1 TITLE		Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: **X [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/27/98

Date

(305) 663-1366

Daytime Phone # 0000000

CR2E037 (10/97)