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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N96000001636

1. Corporation Name

THE JOURNEY INSTITUTE, INC.

Principal Place of Business

1514 SAN IGNACIO AVE
STE 150
CORAL GABLES FL 33146
US

Mailing Address

7600 RED ROAD, SUITE 222
MIAMI FL 33143



2. Principal Place of Business

21

2a. Mailing Address

26

1514 San Ignacio Ave

3. Date Incorporated or Qualified

03/25/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

Coral Gables, FL

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

24

25

Country

29

Zip

33146

Country

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRIED, PATRICIA A
14340 BEADFORD CT
FT LAUDERDALE FL 33325**

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	D <input type="checkbox"/> DELETE
NAME	FREEMAN, GILL
STREET ADDRESS	1351 NW 12TH ST, RM 624
CITY-ST-ZIP	MIAMI FL 33125
TITLE	D <input type="checkbox"/> DELETE
NAME	ARMSTRONG, RAY PHD
STREET ADDRESS	555 BILTMORE WAY, STE. 206
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	STILES-GLAZER, DORIS PHD
STREET ADDRESS	555 BILTMORE WAY, STE. 206
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GLAZER, LEONARD PHD
STREET ADDRESS	555 BILTMORE WAY, STE. 206
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MILLER, GARY R
STREET ADDRESS	3010 DESOTO BLVD
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D <input type="checkbox"/> 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	Exec D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kathleen Langford
1.3 STREET ADDRESS	1514 San Ignacio Ave, #150
1.4 CITY-ST-ZIP	Coral Gables, FL 33146
2.1 TITLE	ALISA WERNER, Ph.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	418 VALENCIA #3
2.3 STREET ADDRESS	CORAL GABLES, FL.
2.4 CITY-ST-ZIP	33134
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARCHANT MOORE
3.3 STREET ADDRESS	2000 SO. BAYSHORE DR. #8
3.4 CITY-ST-ZIP	COCONUT GROVE FL 33133
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SHARON LANGER
4.3 STREET ADDRESS	123 NW 1 AVE.
4.4 CITY-ST-ZIP	MIAMI, FL. 33128
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	<input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Katherine Harris

1/31/99

Daytime Phone #

CR2E037 (11/98)