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May 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000004611 (7)

1. Corporation Name

FLORIDA APPLESEED CENTER FOR LAW AND JUSTICE, IN
C.

Principal Place of Business

Mailing Address

C/O JACQUELINE G. GERSTEIN
MADISON CIRCLE, 3191 CORAL WAY, SUITE 402A
MIAMI FL 33145

C/O JACQUELINE G. GERSTEIN
MADISON CIRCLE, 3191 CORAL WAY, SUITE 402A
MIAMI FL 33145

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/05/1996

4. FEI Number

65-0719038

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

10. Name and Address of New Registered Agent

GERSTEIN, JACQUELINE G
C/O JACQUELINE G. GERSTEIN
MADISON CIRCLE, 3191 CORAL WAY, SUITE 402A
MIAMI FL 33145

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 ☐ DELETE
NAME THOMSON, PARKER D
STREET ADDRESS ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ DELETE
NAME BESVINICK, LAURA
STREET ADDRESS ONE BISCAYNE TOWER, #1500, 2 S BISCAYNE
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ DELETE
NAME MANNING, ELLIOTT
STREET ADDRESS 7605 S.W. 126TH STREET
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☐ DELETE
NAME ALLEE, JACQUELINE M
STREET ADDRESS 4501 SANTA MARIA STREET
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ DELETE
NAME BARKIN, MARVIN E MR.
STREET ADDRESS 2700 BARNETT PLAZA
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE
NAME BASS, HILARIE M
STREET ADDRESS 1221 BRICKELL AVE.
CITY-ST-ZIP MIAMI FL

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

See attached list

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

Elaine M. H. [Signature]

6/24/98 305 287 2961

CR2E037 (10/97)

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Apr-15-98 09:12A Frank D. Gonzalez, P.A.

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