

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005466

FILED
May 11, 2007
Secretary of State

Entity Name: CITY OF NORTH MIAMI EMPLOYEES' ASSISTANCE TRUST FUND, INC.

Current Principal Place of Business:

NORTH MIAMI CITY HALL
776 NE 125 STREET
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

NORTH MIAMI CITY HALL - JEFF GEIMER
776 NE 125 STREET
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-0758530 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GEIMER, JEFFERSON W
776 NE 125 STREET
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: GIBSON, JOYCE
Address: 776 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: V () Delete
Name: FALESTRA, DEBORAH
Address: 776 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: D/P () Delete
Name: GEIMER, JEFFERSON
Address: 776 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: T () Delete
Name: ROSS, KATIE
Address: 776 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: S (X) Delete
Name: STINSON, ANNE
Address: 776 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFERSON GEIMER

D/P

05/11/2007

Electronic Signature of Signing Officer or Director

Date