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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000006411 (0)

1. Corporation Name

GRAY PANTHERS OF NORTH DADE, INC.



Principal Place of Business

Mailing Address

% REBECCA ROSEN
3 ISLAND AVENUE APT 122-H
MIAMI BEACH FL 33139

% REBECCA ROSEN
3 ISLAND AVENUE APT 122-H
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified
12/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

21

26

65-0443701

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23

28

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSEN, REBECCA
3 ISLAND AVE.
APT. 12H
MIAMI BEACH FL 33139**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **ROSEN, REBECCA**
STREET ADDRESS **3 ISLAND AVENUE APT 12H**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Treas. Gertrude Greenberg**
1.3 STREET ADDRESS **1591 Miami Gdns. Dr #114**
1.4 CITY-ST-ZIP **N. Miami Beach, FL 33179**

TITLE ☐ DELETE
NAME **ROCHLIN, IRMA**
STREET ADDRESS **2030 S. OCEAN DR. APT 1114**
CITY-ST-ZIP **HALLANDALE FL 33009**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **YANOW, CLAIRE**
STREET ADDRESS **1200 NE MIAMI GARDENS DR APT 420**
CITY-ST-ZIP **N MIAMI BEACH FL 33179**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SASSAMAN, CHARLOTTE**
STREET ADDRESS **9541 CARLISLE AVENUE**
CITY-ST-ZIP **SURFSIDE FL 33154**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **BREDEMEIER, MARY**
STREET ADDRESS **7441 WAYNE AVENUE APT 15C**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **BATCHELOR, NINA**
STREET ADDRESS **9 ISLAND AVE. APT 2408**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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.

CR2E037 (9/96)