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Jan 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

4. FEI Number

**65-0443701**

Applied For

Not Applicable

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

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

Trust Fund Contribution

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

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **D**  
DOROTHY FLEISHER  
STREET ADDRESS **861**  
861 N. VENETIAN DRIVE  
CITY-ST-ZIP **MIAMI, FL 33139**

2.1 TITLE ☐ Change ☒ Addition

NAME **D**  
MORTON FOLSTEIN  
STREET ADDRESS **4720**  
4720 PINETREE DRIVE #19  
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

3.1 TITLE ☐ Change ☒ Addition

NAME **D**  
GERTRUDE GREENBERG  
STREET ADDRESS **1591**  
1591 NE MIAMI GARDENS DRIVE #114  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

4.1 TITLE ☐ Change ☒ Addition

NAME **D**  
MIRIAM MEYERHOFF  
STREET ADDRESS **9511**  
9511 COLLINS AVENUE #1104  
CITY-ST-ZIP **SURFSIDE, FL 33154**

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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: **SIGNATURE REQUIRED**

**1/14/98 305-949-1585**

CR2E037 (10/97)