

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Oct 12 1998 8:00am  
Secretary of State

DOCUMENT # N97000000831 (4)

1. Corporation Name

NON-VIOLENCE PROJECT FLORIDA, INC.



Principal Place of Business

Mailing Address

609 BRICKELL AVENUE  
MIAMI FL 33131

609 BRICKELL AVENUE  
MIAMI FL 33131

3. Date Incorporated or Qualified

02/13/1997

4. FEI Number

13-3812224

Applied For

Not Applicable

2. Principal Place of Business

21 300 Biscayne Blvd Way  
Suite, Apt. #, etc.

22 St. 919

City & State

23 miami, FL

24 33131

Country

2a. Mailing Address

26 300 Biscayne Blvd Way  
Suite, Apt. #, etc.

27 Suite 919

City & State

28 miami, FL

29 33131

Country

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

9. Name and Address of Current Registered Agent

WASHINGTON, LYNN C  
C/O HOLLAND & KNIGHT  
701 BRICKELL AVENUE, SUITE 3000  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Patricia A. Fried

82 Street Address (P.O. Box Number is Not Acceptable)

14340 Bedford Ct

83

84 City Ft. Lauderdale

FL

85 Zip Code 33325

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 Patricia A. Fried, CPA 9-29-98  
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  
NAME ACETUNO, ROBERT  
STREET ADDRESS 200 S. BISCAYNE BLVD., SUITE 1700  
CITY-ST-ZIP MIAMI FL 33131-2310

TITLE D  
NAME BOOK, JORDAN  
STREET ADDRESS POST OFFICE BOX 451153  
CITY-ST-ZIP CORAL GABLES FL 33245-1153

TITLE D  
NAME BUSH, COLUMBA  
STREET ADDRESS 6875 SOUTH WEST 96TH STREET  
CITY-ST-ZIP MIAMI FL 33156

TITLE D  
NAME OVERMAN, DOUG  
STREET ADDRESS 609 BRICKELL AVENUE  
CITY-ST-ZIP MIAMI FL 33131

TITLE D  
NAME RUIZ, GONZALO  
STREET ADDRESS 14901 N.W. 79TH COURT  
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE D  
NAME SKJOLDEBRAND, ROLF  
STREET ADDRESS RUE DU BRIBLET 9, FRIBOURG,  
CITY-ST-ZIP CASE POSTALE 2101701 SWITZ.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C  
1.2 NAME Donald Warsaw  
1.3 STREET ADDRESS 400 New 2nd Ave  
1.4 CITY-ST-ZIP miami, FL 33128

2.1 TITLE Dr. Stuart Savedoff  
2.2 NAME  
2.3 STREET ADDRESS 427 Biltmore Way, suite 202  
2.4 CITY-ST-ZIP Coral Gables, FL 33134

3.1 TITLE D  
3.2 NAME Barry Craig  
3.3 STREET ADDRESS 200 Biscayne Blvd, Suite 410  
3.4 CITY-ST-ZIP miami, FL 33131

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

5.1 TITLE  
5.2 NAME 90000266203  
5.3 STREET ADDRESS -10/13/98-01010-001  
5.4 CITY-ST-ZIP \*\*\*\$1.25

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 I am 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: Patricia A. Fried

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CERTIFIED PUBLIC ACCOUNTANT  
14340 BEDFORD CT.  
FT. LAUDERDALE, FL 33325

Date

Deadline Phone #

CR2E037 (5/98)