

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 27 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000016669 (1)**

1. Corporation Name  
**NONPROFIT MANAGEMENT SOLUTIONS, INC.**

Principal Place of Business      Mailing Address  
**2823 N. 35TH TERRACE      2823 N. 35TH TERRACE**  
**HOLLYWOOD FL 33021      HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/02/1994**

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

4. FEI Number      Applied For  
**65-0475130**      Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**  
6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**TEMKIN, RONALD E**  
**616 ATLANTIC SHORE BLVD.**  
**SUITE A**  
**HALLANDALE FL 33009**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS  
TITLE      PD  
NAME      **TEMKIN, TERRIE C**  
STREET ADDRESS      **2923 N. 35TH TERRACE**  
CITY, ST, ZIP      **HOLLYWOOD FL 33021**  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE       Change       Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP  
5. TITLE       Change       Addition  
6. NAME  
7. STREET ADDRESS  
8. CITY - ST - ZIP  
9. TITLE       Change       Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY - ST - ZIP  
13. TITLE       Change       Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY - ST - ZIP  
17. TITLE       Change       Addition  
18. NAME  
19. STREET ADDRESS  
20. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X   
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR  
**TERRIE TEMKIN, PH.D.**

X 4/24/95 X (305) 985-9489  
DATE      TELEPHONE #