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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734646

1. Corporation Name

LEGION OF MARY OF MIAMI, INC.

Principal Place of Business

129 AMERICA AVENUE
CORAL GABLES FL 33134
US

Mailing Address

P.O. BOX 381752
MIAMI FL 33238
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

12/17/1975

4. FEI Number

59-1994955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

STEELE, MARGARET D.
19281 HOLIDAY RD
MIAMI FL 33157

10. Name and Address of New Registered Agent

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 *Margaret Steele* **MARGARET STEELE PRESIDENT** 1-14-99 DATE

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 PD ☐ DELETE

NAME STEELE, MARGARET
STREET ADDRESS 19281 HOLIDAY RD.
CITY-ST-ZIP MIAMI FL 33157

TITLE S ☐ DELETE

NAME DE MEILLAC, TERESA
STREET ADDRESS 2855 SW 39TH AVENUE
CITY-ST-ZIP MIAMI FL 33134

TITLE V ☒ DELETE

NAME PROCTOR, RALPH
STREET ADDRESS 3408 SEGOVIA STREET
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE T ☐ DELETE

NAME AMISAL, ROGER
STREET ADDRESS 14585 SW 123RD AVENUE
CITY-ST-ZIP MIAMI FL 33186

TITLE D ☐ DELETE

NAME SOULLERE, RICHARD (REV.)
STREET ADDRESS 2700 NE 36TH ST
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

Margaret Steele **Margaret Steele**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99 305B3-0082

Date

Daytime Phone #

CR2E037 (11/98)