


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 734646	
1. Entity Name LEGION OF MARY OF MIAMI, INC.	

Principal Place of Business 129 ALMERIA AVENUE CORAL GABLES, FL 33134 US	Mailing Address P.O. BOX 381752 MIAMI, FL 33238 US
--	--



02062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1994955	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STEELE, MARK W 19281 HOLIDAY RD MIAMI, FL 33157

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEELE, MARK W 19281 HOLIDAY RD. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHIN, MADGE 95 NE 128 ST MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCKLEY, BRIAN 13627 SW 117 LANE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOULLERE, RICHARD (REV.) P O BOX 221937 HOLLYWOOD, FL 33022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANNIS, MARGARET 379 NE 94 STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000224129
02/10/05-80070-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian Buckley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 7, 2005
Date Daytime Phone #