FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE



FLORIDA DEPARTMENT OF STATE

FILED

Feb 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716503

(8)

MALTESE CLUB OF GREATER MIAMI, INC

Principal Place	e of Business		Mailing Address			F ADDIN FORDS HARRO BINGS BOILE BEST BANG BONS OF A CONTROL OF A C	
4004 1444 62 63	•	1	1004 NW 62 CT				
1001 NW 62 ST SUITE #308			1001 NW 62 ST Suite #308				
FT. LAUDERDALE FL 33309			FT. LAUDERDALE FL 33309-1950				
						3. Date Incorporated or Qualified 05/06/1969	3a. Date of Last Report 06/12/1996
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	Applied For
21			26			65-0187149	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional
22			27		Continicate of Status Desired	Fee Required	
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be	
23			28		Trust Fund Contribution	Added to Fees	
Zip	Country	<u> </u>	Zip 1	Country		8. This corporation has liability for in	
24	25	29		30			Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
					Name //	FRANK WOODEN	ARD
WOODWARD, JUNE H						ress (P.O. Box Number is Not Acceptable). NW-62 ST. Suite #308	
	V 62 STREET		NW-62 5T.	SUME #308			
SUITE #308 83							•
FT LAUDERDALE FL 33309							
					City Ft.	LAUDFRDALE	FL 33309
11. Pursuant	to the provisions of Section	ns 617.0502 and	617.1508, Florida Sta	atutes, the above-i	named corp	poration submits this statement for the pu	rpose 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 1: Their . H. FRANK (Noodward 1-20-7) Standure. Upod or printing familia of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
		registered agent and til	tle if applicable. {	NOTE: Registered Agent	signature requir	ed when reinstating)	DATE
12.		ICERS AND DIRE		13.		ADDITIONS/CHANGES TO OFFICE	*****
TITLE	PD		☐ DELETE	1.1 TITLE	1	70	Change Addition
NAME	STEVENS, SHELBY			1.2 NAME	12 NAME WOODWARD JUNE H. 13 STREET ADDRESS 1001 NW. 62 ST. #308		
STREET ADDRESS	15157 SW 13 PLACE			1.3 STREET AL	13 STREET ADDRESS 1001 NW. 62 ST.		
CITY-S₹-ZIP	SUNRISE FL 33326			1.4 CITY-ST-	TIP PT. LAUDBROALE FL. 33309		
TITLE	VPD □ DELETE			21 TITLE		Change Addition	
NAME	CASS, GLYNETTE			2.2 NAME	22 NAME		
STREET ADDRESS	4750 SE 72 AVE.			2.3 STREET ADDRESS			•
CITY-ST-ZIP	DAVIE FL			2. 4 CITY - ST - ZIP			
TITLE	SD DELETE			3.1 TITLE			
NAME	PHILLIPS, JULIE			3.2 NAME	F	PALMER, BONNIE 1001 NK. 62 TT.	
STREET ADDRESS	3703 S.E. 17 AVE.			3.3 STREET AL	DDRESS /	1001 NK. 62 5T.	77 308
CITY-ST-ZIP	CAPE CORAL FL 33904			3.4. CITY - ST -	34. CITY-ST-ZIP FT : La LO S NOWLE , FL - 33309 41 TITLE TD Change Addit		FL- 33309
TITLE	TD		DELETE	4.1 TITLE		TD	Change Addition
NAME	WOODWARD, JUNE	Н		4. 2 NAME		DOODWARD, HITRA	NK
STREET ADDRESS	1001 NW 62 ST #30	8		4.3 STREET AL	DORESS /	001 NW62 ST. #3	08
CITY-ST-ZIP	FT LAUDERDALE FL	33309		4.4 City-St-	ZiP 🎜	DOODWARD, HIPRA OOI NW 62 ST. #3 T. LAUDBROALB FC.	33309
TITLE			☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET AL	DRESS		
CITY-ST-ZIP				5.4 CITY - ST -			
TITLE			DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME				6.2 NAME	1		**** * \$
STREET ADDRESS				6.3 STREET AL	YORESS		
CITY-ST-ZIP				6.4 CITY - ST -	i		
14. Ldo beret	by certify that the information	on supplied with	this filing does not au	alify for the evem	ntion 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.							

FRANK WOODL