

FILED

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

MALTESE CLUB OF GREATER MIAMI, INC

Principal Place of Business
13151 SILVER FOX TRAIL
PALM BEACH GARDENS FL 33418

Mailing Address
13151 SILVER FOX TRAIL
PALM BEACH GARDENS FL 33418



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1969	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0187149	Applied For
22	City & State	27	City & State		Not Applicable
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

MARCHESSAULT, GUY
13151 SILVER FOX TRAIL
PALM BEACH GARDENS FL 33418

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WOODWARD, JUNE H.	1.2 NAME	Bonnie Palmer
STREET ADDRESS	1001 N.W. 62 ST., #308	1.3 STREET ADDRESS	19151 SILVER FOX TRAIL
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VPD	2.1 TITLE	VPD
NAME	CASS, GLYNETTE	2.2 NAME	Joyce Watkins
STREET ADDRESS	4750 SE 72 AVE.	2.3 STREET ADDRESS	16625 N 130 AVE.
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	JUPITER, FL 33478
TITLE	SD	3.1 TITLE	SD
NAME	PALMER, BONNIE	3.2 NAME	Betty Joe White
STREET ADDRESS	1001 NW 62ND ST., #308	3.3 STREET ADDRESS	3131 GULFSTREAM RD
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	TD	4.1 TITLE	TD
NAME	WOODWARD, FRANK H.	4.2 NAME	Guy Manchessault
STREET ADDRESS	1001 NW 62ND ST., #308	4.3 STREET ADDRESS	19151 SILVER FOX TRAIL
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED

Date _____

Daytime Phone #

CR2E037 (11/98)