## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**POCUMENT** #

(3)

LEGION OF MARY OF MIAMI, INC.

**FILED** Apr 28 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address			
9760 NE 2NO 1 P.O. BOX 3817 MIAMI FL 3323	52 8	8700 NE 2ND AVE:- P.O. BOX 381752 MIAMI FL 33238		<ul> <li>3. Date Incorporated or Qualified</li> <li>12/17/1975</li> <li>4. FEI Number</li> <li>59-1994955</li> </ul>	Applied For Not Applicable
21 /29	Place of Business AIMERIA AVG.	28 P.O. Box 3	381752	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	Copples FLA.	City & State  28 MIAMI	FLA.	7. Is this nonprofit corporation a homeow Yes	ners association?
2ip 33	134 25 USA		Country 0 USA	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	☐ Yes 🗹 No
ļ	9. Name and Address of Currer	11 Registered Agent		10. Name and Address of New Register	ed Agent
			81 Name		
STEELE, MARGARET D. 19281 HOLIDAY RD				ddress (P.O. Box Number is Not Acceptable)	
MAMIF	L 33157		83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	12 and 617 1508 Florida Statutes	the above-named co	propretion submits this statement for the purpose	e of changing its registered
office or	registered agent, or both, in the State	of Florida. Such change was au	thorized by the corpor	orporation submits this statement for the purpositation's board of directors. I hereby accept the a	appointment as registered
1	am tamiliar with, and accept the oblig	ations of, Section 617,0503, Flore	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE: I	Registered Agent signature rec		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	STEELE, MARGARET		1.2 NAME		
STREET ADDRESS	19281 HOLIDAY RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33157	<b>M</b> DELETE	1.4 CITY - ST - ZIP	Constant (a)	Change Addition
NAME	TOMINEC, IVY	De bettere		secretary (s)	_
STREET ADDRESS	440 NW 132 ST			DE METILAC TERES	A
CITY-ST-ZIP	MIAMI FL 33168		2.4 CITY-ST-ZIP	2855 SW 39 AVG. 134	
TITLE	VD	DELETE	3.1 TITLE 1	(1) AM), +CH 80/37	Change MAddition
NAME	PEINADO, MARIA	~	3.2 NAME	PROCTOR, RAIDH,	- · <b>/</b>
STREET ADDRESS	8250 SW 33 TERR.		3.3 STREET ADDRESS	3408 SEGOVIA St.	
CITY-ST-ZIP	MIAMI FL 33155		3.4. CITY-ST-ZIP	3408 SEGOVIA St. CORAL GABLES, FIA. 331	134
TITLE	Ť	DELETE	A 1 TITLE		Change Addition
NAME	MARTINEZ, LUIS		4. 2 NAME	" AMISIA!, KOGER	•
STREET ADDRESS	1357 W. 76 STREET		4.3 STREET ADDRESS	14585 SW 123 AVE.	
CITY-ST-ZIP	HIALEAH FL 33014		4.4 CITY-ST-ZIP	M AMISIAI, ROGER 14585 SW 123 AVE. MIAMI, FLA. 33186	
TITLE	D	DELETE	5.1 TITLE	,	☐ Change ☐ Addition
NAME	SOULLERE, RICHARD (REV.)		5.2 NAME		
STREET ADDRESS	2700 NE 36TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 3306		5.4 CITY-ST-ZIP		F 1 & F 1 & S 1
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	I		6 2 CTREET ADDRESS		

Thereby 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.

MARGARET STEELE & 4-15-98

+ 233-0082