FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 21 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753859 (8)

1. Corporation Name

MIAMI SPRINGS-HIALEAH CIVITAN, INTERNATIONAL, IN C

Principal Place of Business	Mailing Address
212 PAYNE DR MIAMI SPRINGS FL 33166	212 PAYNE DR MIAMI SPRINGS FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6198593 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 630 Nightingale Ave	26 630 Nightingale Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Miami Springs	27 Miami Springs
City & State	City & State
23 Florida 33166	28 Florida 33166
Zip / Country	Zip / Country
24 / 25 Dade	29 / 30 Dade

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILBUR, WILLIAM S 630 NIGHTINGALE AVE. MIAMI SPRINGS FL 33166	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE William S. Wilbur — 3/14/95
Signature, typed or printed name of registered agent and title if applicable — Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE	PT	☒ Change ☐ Addition
NAME	IANNACI JOSEPH	12 NAME	Mazza, Sylvia	
STREET ADDRESS	990 WESTWARD DR	13 STREET ADDRESS	760 Falcon Avenue	
CITY-ST-ZIP	MIAMI SPRINGS FL	14 CITY-ST-ZIP	Miami Springs, Fl 33166	
TITLE	PT	21 TITLE	PT	☒ Change ☐ Addition
NAME	WILBUR WILLIAM B	22 NAME	Iannaci, Joseph	
STREET ADDRESS	630 NIGHTINGALE AVE	23 STREET ADDRESS	990 Westward Drive	
CITY-ST-ZIP	MIAMI SPRINGS FL	24 CITY-ST-ZIP	Miami Springs, Fl. 33166	
TITLE	VT	31 TITLE	VT	☒ Change ☐ Addition
NAME	RICE, FRED	32 NAME	Love, Cythera	
STREET ADDRESS	212 PAYNE DR.	33 STREET ADDRESS	1131 Plover Avenue	
CITY-ST-ZIP	MIAMI FL 33166	34 CITY-ST-ZIP	Miami Springs, Fl. 33166	
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	MITCHELL, EVELYN	42 NAME	Iannaci, Joan	
STREET ADDRESS	960 WESTWARD DR.	43 STREET ADDRESS	990 Westward Drive	
CITY-ST-ZIP	MIAMI SPGS. FL 33166	44 CITY-ST-ZIP	Miami Springs, Fl. 33166	
TITLE	TD	51 TITLE	TD	☒ Change ☐ Addition
NAME	MAZZA, SYLVIA	52 NAME	Mitchell, Evelyn	
STREET ADDRESS	760 FALCON AVE.	53 STREET ADDRESS	960 Westward Drive	
CITY-ST-ZIP	MIAMI SPGS. FL	54 CITY-ST-ZIP	Miami Springs, fl. 33166	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	GLOGGER HELEN	62 NAME	Baggett, Mildred	
STREET ADDRESS	1175 IBIS AVE	63 STREET ADDRESS	14301 Cypress Court	
CITY-ST-ZIP	MIAMI SPRINGS FL	64 CITY-ST-ZIP	Miami Springs, Fl. 33166	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption under 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.

SIGNATURE: Evelyn Mitchell — 3/14/95 — 305-885-1229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #