

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 753859 (8)
1. Corporation Name
MIAMI SPRINGS-HIALEAH CIVITAN, INTERNATIONAL, IN C

Principal Place of Business
**630 NIGHTINGALE AVE
MIAMI SPRINGS FL 33166
US**

Mailing Address
**630 NIGHTINGALE AVE
MIAMI SPRINGS FL 33166
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/25/1980		3a. Date of Last Report 04/21/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-6198593		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**WILBUR, WILLIAM S
630 NIGHTINGALE AVE.
MIAMI SPRINGS FL 33166**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 *William S. Wilbur*
Signature, typed or printed name of registered agent and title (required)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT MAZZA, SYLVIA <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PT BAGGETT Mildred <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZA, SYLVIA	1.2 NAME	BAGGETT Mildred
STREET ADDRESS	760 FALCON AVENUE	1.3 STREET ADDRESS	14301 Cypress Court
CITY-ST-ZIP	MIAMI SPRINGS FL	1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33104
TITLE	PT IANNACI, JOSEPH <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PT CUNNINGHAM Eleanor <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IANNACI, JOSEPH	2.2 NAME	CUNNINGHAM Eleanor
STREET ADDRESS	990 WESTWARD DRIVE	2.3 STREET ADDRESS	1100 N. Royal Poinciana Blvd
CITY-ST-ZIP	MIAMI SPRINGS FL	2.4 CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	VT LOVE, CYTHERA <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VT Wilbur, Williams <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, CYTHERA	3.2 NAME	WILBUR, WILLIAM S.
STREET ADDRESS	1131 PLOVER AVENUE	3.3 STREET ADDRESS	630 NIGHTINGALE AVE
CITY-ST-ZIP	MIAMI SPRINGS FL	3.4 CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	SD IANNACI, JOAN <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IANNACI, JOAN	4.2 NAME	
STREET ADDRESS	990 WESTWARD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPGS. FL	4.4 CITY-ST-ZIP	
TITLE	TD MITCHELL, EVELYN <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD MAZZA, SYLVIA <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, EVELYN	5.2 NAME	MAZZA, SYLVIA
STREET ADDRESS	960 WESTWARD DRIVE	5.3 STREET ADDRESS	760 FALCON AVE,
CITY-ST-ZIP	MIAMI SPGS. FL	5.4 CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	D BADGETT, MILDRED <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D ROYZAHN CAROLYN <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADGETT, MILDRED	6.2 NAME	ROYZAHN CAROLYN
STREET ADDRESS	14301 CYPRESS COURT	6.3 STREET ADDRESS	850 FALCON AVE
CITY-ST-ZIP	MIAMI LAKE FL	6.4 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 the exemption stated in Section 119.07(3)(k), 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: *Sylvia Mazza (Treas + Pin)* SYLVIA MAZZA #9/96 (305)885-2059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)