


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified
08/25/1980

4. FEI Number 59-6198593	Applied For <input type="checkbox"/> Not Applicable
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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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PT <input type="checkbox"/> DELETE
NAME	IANNACI, JOSEPH
STREET ADDRESS	990 WEST WARD DR
CITY-ST-ZIP	MIAMI SPRINGS FL
TITLE	PT <input checked="" type="checkbox"/> DELETE
NAME	BILLING, BARBARA
STREET ADDRESS	1251 FALCON AVE
CITY-ST-ZIP	MIAMI SPRINGS FL
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	BAGGETT, MILDRED
STREET ADDRESS	14301 CYPRESS CT.
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	IANNACI, JOAN
STREET ADDRESS	990 WESTWARD DRIVE
CITY-ST-ZIP	MIAMI SPGS. FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	MAZZA, SYLVIA
STREET ADDRESS	760 FALCON AVE
CITY-ST-ZIP	MIAMI SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MORRIS, THOMAS
STREET ADDRESS	338 PAYNE DR.
CITY-ST-ZIP	MIAMI SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ST PATRICA LANNOM
4.3 STREET ADDRESS	530 ORIOLE AVE
4.4 CITY-ST-ZIP	MIAMI SPRINGS FL 33166
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD JOHN MURRAY
5.3 STREET ADDRESS	230 CANAL ST #202
5.4 CITY-ST-ZIP	MIAMI SPRINGS FL 33166
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

 **JOHN F. MURRAY**

MARCH 27, 1998 954723434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E037 (10/97)