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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753859

1. Corporation Name

MIAMI SPRINGS-HIALEAH CIVITAN, INTERNATIONAL, IN C

Principal Place of Business

630 NIGHTINGALE AVE
 MIAMI SPRINGS FL 33166
 US

239 Pinecrest Drive
 Miami Springs, FL 33166

Mailing Address

630 NIGHTINGALE AVE
 MIAMI SPRINGS FL 33166
 US

239 Pinecrest Drive
 Miami Springs, FL 33166



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/25/1980

4. FEI Number

59-6198593

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 **NA**
 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 **William S. Wilbur**
 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 **Director** ☐ DELETE
 NAME **IANNACI, JOSEPH**
 STREET ADDRESS **990 WEST WARD DR**
 CITY-ST-ZIP **MIAMI SPRINGS FL**

TITLE **PATRICIA H. Secretary** ☐ DELETE
 NAME **LANNOM, PATRICIA**
 STREET ADDRESS **530 ORIOLE AVE**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **TD** ☒ DELETE
 NAME **MURRAY, JOHN**
 STREET ADDRESS **230 CANAL ST #202**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **President-Elect** ☐ DELETE
 NAME **MORRIS, THOMAS**
 STREET ADDRESS **338 PAYNE DR.**
 CITY-ST-ZIP **MIAMI SPRINGS FL**

TITLE **Director** ☐ DELETE
 NAME **James Vann**
 STREET ADDRESS **709 Curtiss Parkway, #32**
 CITY-ST-ZIP **Miami Springs, FL 33166**

TITLE **Director** ☐ DELETE
 NAME **Sylvia Mazza**
 STREET ADDRESS **760 Falcon Avenue**
 CITY-ST-ZIP **Miami Springs, FL 33166**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Dr. Eric Engelman** ☒ Change ☒ Addition
 1.2 NAME **President**
 1.3 STREET ADDRESS **239 Pinecrest Drive**
 1.4 CITY-ST-ZIP **Miami Springs, FL 33166**

2.1 TITLE **Director** ☐ Change ☒ Addition
 2.2 NAME **Dr. Harold Reed Lannom**
 2.3 STREET ADDRESS **530 Oriole Ave**
 2.4 CITY-ST-ZIP **Miami Springs, FL 33166**

3.1 TITLE **Treasurer** ☐ Change ☒ Addition
 3.2 NAME **Judy Morris**
 3.3 STREET ADDRESS **388 Payne Drive**
 3.4 CITY-ST-ZIP **Miami Springs, FL 33166**

4.1 TITLE **Director** ☐ Change ☒ Addition
 4.2 NAME **Helen Malone**
 4.3 STREET ADDRESS **720 S.E. 6th Place**
 4.4 CITY-ST-ZIP **Hialeah, FL 33010**

5.1 TITLE **Director** ☐ Change ☒ Addition
 5.2 NAME **Helen Glogger**
 5.3 STREET ADDRESS **1175 Ibis Avenue**
 5.4 CITY-ST-ZIP **Miami Springs, FL 33166**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **ERIC ENGELMANN** 305-885-4533
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)