

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000000323**

1. Entity Name  
MIAMI NORTHSIDE LIONS CLUB, INC.



Principal Place of Business

166 HIALEAH DR.  
HIALEAH, FL 33010

Mailing Address

166 HIALEAH DR.  
HIALEAH, FL 33010

**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
36-1263962

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HOLDEN, FRANCIS E  
166 HIALEAH DR.  
HIALEAH, FL 33010

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000208003  
02/01/05-80063-025 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HOLTON, FRANCES E
STREET ADDRESS	166 HIALEAH DR
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	D
NAME	PORTER, JAMES
STREET ADDRESS	1920 S.W. 23 TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	D
NAME	VILLACCI, JOHN
STREET ADDRESS	19816 BOB-O-LENER DRIVE
CITY-ST-ZIP	MIAMI, FL 32015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Francis E. Holden Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-05

Date

(305) 885-1475

Daytime Phone #