

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 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



01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

36-1263962

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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, 2006

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

01/20/06-80050-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

1-13-06 (305) 885-14