

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:21

DOCUMENT # **N01305 (4)**

1. Corporation Name
N.M.B. PYTHIAN SISTERS CHARITIES, INC.

Principal Place of Business Mailing Address
**8009 NW 107 TERR
TAMARAC FL 33321
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/07/1984** 3a. Date of Last Report **03/08/1994**
4. FEI Number **23-7561959** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2300 NE 171 STREET** 26 **2300 NE 171 STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **N. MIAMI BCH, FL** 28 **N. MIAMI BCH - FL**
Zip Country Zip Country
24 **33160** 25 **US** 29 **33160** 30 **US**

9. Name and Address of Current Registered Agent
**BAGLEY, LOIS O
1466 NE 181ST ST
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signer's typed or printed name of registered agent and title of corporation

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	BARKAN, FANNIE H.
STREET ADDRESS	16465 N.E. 22ND AVE.
CITY - ST - ZIP	NORTH MIAMI BCH FL
TITLE	DV
NAME	THORNTON, PATRICIA
STREET ADDRESS	4649 HAYES ST
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	DS
NAME	VITELLI, JUDY
STREET ADDRESS	1080 NE 147 ST
CITY - ST - ZIP	N. MIAMI BCH FL
TITLE	DT
NAME	TURGEL, MILLICENT
STREET ADDRESS	8009 NW 107 TERRACE
CITY - ST - ZIP	TAMARAC FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BAGLEY, LOIS O
13 STREET ADDRESS	1466 NE 181ST.
14 CITY - ST - ZIP	N. MIAMI BCH - FL - 33162
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	IRINGER-HARRIET V.
43 STREET ADDRESS	12650 SW 6th ST. - K101
44 CITY - ST - ZIP	PEMBROKE PINES - FL - 33027
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(b), 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: **Lois O. Bagley - Lois O. BAGLEY - AP** 2/16/95 (305) 940-2678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR