

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N01305**  
1. Corporation Name  
**NMB PYTHIAN SISTERS CHARITIES, INC.**

Principal Place of Business Mailing Address  
**1466 NE 181 ST.**  
**N. MIAMI BEACH, FL 33162** *Same*

2. Principal Place of Business	2a. Mailing Address
21 <b>AS ABOVE</b>	26
Suite, Apt. #, etc	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	30
Country	Country
25	29

3. Date Incorporated or Qualified <b>Aug. 15, 1986</b>
4. FEI Number <b>23-7561959</b>
Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**LOIS D. BAGLEY**  
**1466 NE 181 ST.**  
**N. MIA. BEACH, FL.**  
**33162**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>500002513025</b>
83 <b>-06/26/98--01014--018</b>
84 City <b>***61.25</b> <b>FL</b> 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 *Lois D. Bagley* (NOTE: Registered Agent signature required when reinstating) DATE **6/9/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. POSITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>LOIS D. BAGLEY</b>	
1.3 STREET ADDRESS <b>1466 NE 181 ST.</b>	
1.4 CITY-ST-ZIP <b>N. MIA. Bch, FL-33162</b>	
2.1 TITLE <b>V.P. - VICE PRES.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>RENEE MARTINEAK</b>	
2.3 STREET ADDRESS <b>9273 TICKENS AVE</b>	
2.4 CITY-ST-ZIP <b>SURFSIDE, FL - 33154</b>	
3.1 TITLE <b>S-SECRET</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>JUDITH VITELLI</b>	
3.3 STREET ADDRESS <b>1080 NE 147 ST.</b>	
3.4 CITY-ST-ZIP <b>N. MIAMI Bch., FL-33161</b>	
4.1 TITLE <b>T-TREAS.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>HARRIET BERINGER</b>	
4.3 STREET ADDRESS <b>12450 SW 65T-K101</b>	
4.4 CITY-ST-ZIP <b>PEMBROKE PINES, FL-33027</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>JACQUELIN EISENBERG</b>	
5.3 STREET ADDRESS <b>455 NE 210 CIRCLE TERR-18-101</b>	
5.4 CITY-ST-ZIP <b>N.M.B., FL-33179</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>FAITH ALBERT</b>	
6.3 STREET ADDRESS <b>13255 SW 74th AVE-202</b>	
6.4 CITY-ST-ZIP <b>PEMBROKE PINES-FL-33027</b>	

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: *Lois D. Bagley* June 9, 1998 (305) 940-2678

CR2E037 (10/97)