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FILED
Feb 17, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-17-1999 90043 037 *****61.25

DOCUMENT # N01305

1. Corporation Name

N.M.B. PYTHIAN SISTERS CHARITIES, INC.

Principal Place of Business

1466 N.E. 181 STREET
 NORTH MIAMI BEACH FL 33162
 US

Mailing Address

1466 N.E. 181 STREET
 NORTH MIAMI BEACH FL 33162
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country 30

3. Date incorporated or Qualified

02/07/1984

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

9. Name and Address of Current Registered Agent

BAGLEY, LOIS O
 1466 N.E. 181 STREET
 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAGLEY, LOIS O	
STREET ADDRESS	1466 N.E. 181 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARTINCAK, RENEE	
STREET ADDRESS	9273 DICKENS AVENUE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VITELLI, JUDITH	
STREET ADDRESS	1080 N.E. 147 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33161	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DERINGER, HARRIET	
STREET ADDRESS	12650 S.W. 6 STREET K-101	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EISENBERG, JACQUELIN	
STREET ADDRESS	455 N.E. 210 CIRCLE TERRACE 18-101	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALBERT, FAITH	
STREET ADDRESS	13255 S.W. 7TH COURT D 202	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **LOIS O. BAGLEY** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **2/26/99** Daytime Phone #: **940-2628**

CR2E037 (1/198)