

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90119 030 ****61.25

DOCUMENT # N01305

1. Entity Name

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

Principal Place of Business

Mailing Address

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

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

B0101047



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7561959

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAGLEY, LOIS O
 1466 N.E. 181 STREET
 NORTH MIAMI BEACH FL 33162

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE *Marilyn Rogaw*

4/26/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Nejd	
STREET ADDRESS	2736 N.E. 2ND AVE	
CITY-ST-ZIP	Pompano Beach FL 33064	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marilyn Rogaw	
STREET ADDRESS	7403 N.W. 94th Way	
CITY-ST-ZIP	TAMARAC, FL 33321-2318	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Pedarza	
STREET ADDRESS	8220 SW 22nd St #205	
CITY-ST-ZIP	North Lauderdale, FL 33068	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marsha Weinstein	
STREET ADDRESS	9539 Weldon Ct #404F	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ethel Benson	
STREET ADDRESS	10180 N.W. 30th Ct #110	
CITY-ST-ZIP	Sunrise, FL 33322	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann H. Williams	
STREET ADDRESS	9420 Sunrise Lakes Blvd 121-204	
CITY-ST-ZIP	Sunrise, FL 33322	

12. 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 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: *Marilyn Rogaw*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 954-726-9662

Date

Daytime Phone #

CR2E037 (9/01)