

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90121 050 \*\*\*\*61.25

**DOCUMENT # N01305**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7561959**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **WEYD, JEAN**  
STREET ADDRESS **2736 NE 2ND AVE.**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **VD** ☐ Delete  
NAME **ROGOW, MARILYN**  
STREET ADDRESS **7403 NW 94TH WAY**  
CITY-ST-ZIP **TAMARAC FL 33321-2318**

TITLE **SD** ☐ Delete  
NAME **PEDAWITY, ELIZABETH**  
STREET ADDRESS **8220 SW 22 CT. #209**  
CITY-ST-ZIP **N. LAUDERDALE FL 33068**

TITLE **TD** ☐ Delete  
NAME **WEINSTEIN, MARSHA**  
STREET ADDRESS **9539 WELDON CT. #404F**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33321**

TITLE **T** ☐ Delete  
NAME **BENSON, ETHEL**  
STREET ADDRESS **10180 NW 30TH CT. #110**  
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **T** ☐ Delete  
NAME **WEISMAN, ANN**  
STREET ADDRESS **9420 SUNRISE LAKES BLVD.**  
CITY-ST-ZIP **SUNRISE FL 33322**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Lois O. T. Bagley **LOIS O. BAGLEY** 4/15/03 305-940-2676

CR2E037 (10/02)