


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005569 (7)**

1. Corporation Name

**NORTH MIAMI MARIAN LIONS CLUB, INC.**

Principal Place of Business

Mailing Address

**277 NE 142ND STREET  
NORTH MIAMI FL 33161**

**277 NE 142ND STREET  
NORTH MIAMI FL 33161**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/27/1995** 3a. Date of Last Report **04/01/1996**

4. FEI Number **65-0634048** 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**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLEMP, SANDRA E  
277 NE 142ND STREET  
NORTH MIAMI FL 33161**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **P SLEMP, SANDRA**  
STREET ADDRESS **277 NE 142ND STREET**  
CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE ☐ DELETE  
NAME **S BRACKEN, MARY ANN**  
STREET ADDRESS **2800 SW 87 AVE., APT 1112**  
CITY-ST-ZIP **DAVIE FL 33328**

TITLE ☐ DELETE  
NAME **T GLASGOW, IRIS**  
STREET ADDRESS **3000 E. SUNRISE BLVD., 11-F**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRG.** ☒ Change ☐ Addition  
1.2 NAME **TIM HONNESSY**  
1.3 STREET ADDRESS **101 NE 160 ST**  
1.4 CITY-ST-ZIP **NO. MIAMI FL 33162**

2.1 TITLE **SEC** ☒ Change ☐ Addition  
2.2 NAME **MARILYN HENNESSY**  
2.3 STREET ADDRESS **101 NE 160 ST**  
2.4 CITY-ST-ZIP **NO MIAMI FL 33161**

3.1 TITLE **TREA** ☐ Change ☐ Addition  
3.2 NAME **SANDRA SLEMP**  
3.3 STREET ADDRESS **277 NE 142 ST**  
3.4 CITY-ST-ZIP **NO MIAMI FL 33161**

4.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
4.2 NAME **MIKE NUNEZ**  
4.3 STREET ADDRESS **14445 NE 20 CANE**  
4.4 CITY-ST-ZIP **NORTH MIAMI FL 33181**

5.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
5.2 NAME **DR. EMMANUEL OBISIG**  
5.3 STREET ADDRESS **2530 NW 131 ST.**  
5.4 CITY-ST-ZIP **MIAMI FL 33161**

6.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
6.2 NAME **DR. EDWARD GARDNER**  
6.3 STREET ADDRESS **6600B OPTICAL BLVD 78NW 37 ST.**  
6.4 CITY-ST-ZIP **MIAMI FL 33127**

14. I do 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:

**SANDRA E. SLEMP, TREA**

**(205) 948-1284**

CR2E037 (4/97)