


FILE NOW: FILING FEE IS \$61.25

FILED

May 01 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
---	---	---

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**



3. Date Incorporated or Qualified

**11/27/1995**

4. FEI Number

**65-0634048**

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☒ No

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HENNESSEY, TIM</b>	
STREET ADDRESS	<b>101 NE 160TH ST</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>	

1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JAMES GALLAGHER</b>	
1.3 STREET ADDRESS	<b>265 NE 142 ST</b>	
1.4 CITY-ST-ZIP	<b>NO. MIAMI FL 33161</b>	

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HENNESSY, MARILYN</b>	
STREET ADDRESS	<b>101 NE 160TH ST</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>	

2.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>RAE GALLAGHER</b>	
2.3 STREET ADDRESS	<b>265 NE 142 ST</b>	
2.4 CITY-ST-ZIP	<b>NO. MIAMI FL 33161</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SLEMP, SANDRA</b>	
STREET ADDRESS	<b>277 NE 142ND ST</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HUNEZ, MIKE</b>	
STREET ADDRESS	<b>14445 NE 20TH LN</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DR EMMANUEL OBESIE</b>	
STREET ADDRESS	<b>2530 NW 131ST ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DR EDWARD GARDNER</b>	
STREET ADDRESS	<b>% COBB OPTICAL BLVD 78 NW 37TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

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.

SIGNATURE:

*Sandra Slem*

*4/21/98*

*305-9481284*

CR2E037 (10/97)