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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90273 032 \*\*\*\*61.25

0033119

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N95000005569**

1. Corporation Name

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

452019- 90273 - 32

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**11/27/1995**

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

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P GALLAGHER, JAMES**

STREET ADDRESS **265 NE 142 ST**

CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE ☐ DELETE

NAME **S GALLAGHER, RAE**

STREET ADDRESS **265 NE 142 ST**

CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE ☐ DELETE

NAME **T SLEMP, SANDRA**

STREET ADDRESS **277 NE 142ND ST**

CITY-ST-ZIP **NORTH MIAMI FL**

TITLE ☐ DELETE

NAME **D HUNEZ, MIKE**

STREET ADDRESS **14445 NE 20TH LN**

CITY-ST-ZIP **NORTH MIAMI FL**

TITLE ☐ DELETE

NAME **D DR EMMANUEL OBIESIE**

STREET ADDRESS **2530 NW 131ST ST**

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D DR EDWARD GARDNER**

STREET ADDRESS **% COBB OPTICAL BLVD 78 NW 37TH ST**

CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

CR2E037 (11/98)