


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90018 013 ****61.25

DOCUMENT # N95000005569 1. Entity Name NORTH MIAMI MARIAN LIONS CLUB, INC.					
Principal Place of Business 4923 SW 32 WAY FORT LAUDERDALE, FL 33312			Mailing Address 4923 SW 32 WAY FORT LAUDERDALE, FL 33312		
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 65-0634048	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SLEMP, SANDRA E 4923 SW 32 WAY FORT LAUDERDALE, FL 33312				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWCOMB, MICHAEL	NAME			
STREET ADDRESS	7075 W THIRD AVE	STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33014	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SLEMP, SANDRA	NAME			
STREET ADDRESS	4923 SW 32 WAY	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NUNEZ, MIKE	NAME			
STREET ADDRESS	14445 NE 20TH LN	STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI, FL	CITY-ST-ZIP			
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	POLEO, ARMANDO	NAME	V.P. NEWCOMB BETTY		
STREET ADDRESS	3892 HERON RIDGE LANE	STREET ADDRESS	7075 W THIRD AVE		
CITY-ST-ZIP	WESTON, FL 33331	CITY-ST-ZIP	HIALEAH, FL 33014		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DR EDWARD GARDNER	NAME			
STREET ADDRESS	% COBB OPTICAL BLVD 78 NW 37TH ST	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Sandra Slomp</i>		Date: <i>2/10/05</i>		Daytime Phone #: <i>305 948.1284</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					