2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007
Secretary of State

DOCUMENT# N95000005569

Entity Name: NORTH MIAMI MARIAN LIONS CLUB, INC.

Current Principal Place of Business:

4923 SW 32 WAY
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

4923 SW 32 WAY
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 65-0634048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLEMP, SANDRA E
4923 SW 32 WAY
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NEWCOMB, MICHAEL
Address: 7075 W THIRD AVE
City-St-Zip: HIALEAH, FL 33014

Title: ST ( ) Delete
Name: SLEMP, SANDRA
Address: 4923 SW 32 WAY
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP ( ) Delete
Name: NEWCOMB, BETTY
Address: 7075 W. THIRD AVE
City-St-Zip: HIALEAH, FL 33014

Title: D ( ) Delete
Name: DR EDWARD GARDNER,
Address: % COBB OPTICAL BLVD 78 NW 37TH ST
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MIKE NEWCOMB, JR.,
Address: 7075 W THIRD AVE
City-St-Zip: HIALEAH, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA SLEMP ST 03/12/2007

Electronic Signature of Signing Officer or Director — Date