

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90041 028 \*\*\*\*61.25

<b>DOCUMENT # N98000000189</b> 1. Entity Name <b>HIALEAH-MILANDERS LIONS CLUB, INC.</b>					
Principal Place of Business <b>1755 W. 39TH PLACE HIALEAH FL 33012</b>			Mailing Address <b>14807 BALGOURN RD. 102 MIAMI LAKES FL 33016</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0189306</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALONZO, MANUEL 1755 W. 39TH PLACE HIALEAH FL 33012</b>				7. Name and Address of New Registered Agent Name <b>STANLEY E. GOODMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 EAST 2ND STREET</b> <b>HIALEAH</b> City <b>FL</b> Zip Code <b>33010</b>	
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 <i>Stanley E. Goodman</i> <b>STANLEY E. GOODMAN</b> DATE <b>3/4/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <b>MARTINEZ, HECTOR</b> <b>3941 NW 59 AVE</b> <b>VIRGINIA GARDENS FL 33166</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GOODMAN, STANLEY</b> <del>809 E 8 AVE</del> <b>HIALEAH FL 33010</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>201 EAST 2ND STREET</b> <b>HIALEAH, FL 33010-4918</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>HERNANDEZ, WILFREDO</b> <b>781-E 38-ST</b> <b>HIALEAH FL 33013</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALONZO, MANUEL <b>81 W 64 ST</b> <b>HIALEAH FL 33015</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Stanley E. Goodman</i> <b>STANLEY E. GOODMAN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/4/04</b> Daytime Phone # <b>(305) 883-7733</b>		

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MOORE CR2E037 (11/03)