FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02 1996 8:00 am
Secretary of State

DOCUMENT # 728899 (6)

1. Corporation Name

THE MIAMI WOMAN'S CLUB

Principal Place of Business	Mailing Address
1737 NORTH BAYSHORE DRIVE MIAMI FL 33132	1737 NORTH BAYSHORE DRIVE MIAMI FL 33132

3. Date Incorporated or Qualified: 01/21/1974	3a. Date of Last Report: 04/14/1995
4. FEI Number: 59-0360320	☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

FUNK, ERNESTINE
520 NE 114 ST
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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CUBILLAS, EILEEN	1.2 NAME	
STREET ADDRESS	155 NW 123 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	FSEC ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ELIZABETH MANNING	2.2 NAME	
STREET ADDRESS	1475 NE 125 TERR	2.3 STREET ADDRESS	15535 SW 77 Ct
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami Fl 33157
TITLE	SD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	BABCOCK, MADELEINE	3.2 NAME	
STREET ADDRESS	825 SOROLLA AVENUE	3.3 STREET ADDRESS	301 N E 93 St
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Miami Shores Fl 33138
TITLE	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GOLDBERG, JANIE	4.2 NAME	
STREET ADDRESS	14510 N MIAMI AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, BETTY	5.2 NAME	
STREET ADDRESS	774 NE 71 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FUNK, ERNESTINE	6.2 NAME	
STREET ADDRESS	520 NE 114 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ernestine R. Funk — March 25 1996 (305) 893-1951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)