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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33132-1121

3. Date Incorporated or Qualified: **01/21/1974**
3a. Date of Last Report: **04/02/1996**

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

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

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	V/D	☒ Change ☐ Addition
NAME	CUBILLAS, EILEEN		1.2 NAME	GOLDBERG, JANIE	
STREET ADDRESS	155 NW 123 ST		1.3 STREET ADDRESS	14510 NORTH MIAMI AVE	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI FL 33168-4940	
TITLE	FSEC	☒ DELETE	2.1 TITLE	FSEC/D	☐ Change ☒ Addition
NAME	ELIZABETH MANNING		2.2 NAME	GOLDBERG, JOYCE	
STREET ADDRESS	15535 SW 77 COURT		2.3 STREET ADDRESS	9955 E BAY HARBOR DR APT 4-B	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	SD	☐ DELETE	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	BABCOCK, MADELEINE		3.2 NAME	BARNES, BETTY	
STREET ADDRESS	301 NE 93 STREET		3.3 STREET ADDRESS	880 NE 69 ST APT 8Q	
CITY-ST-ZIP	MIAMI SHORES FL		3.4 CITY-ST-ZIP	MIAMI 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		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Ernestine R. Funk REQUIRED Feb. 26 1997 (305) 893-1951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0026853