

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90016 023 ****61.25

DOCUMENT # 728899 1. Entity Name THE MIAMI WOMAN'S CLUB					
Principal Place of Business 1737 NORTH BAYSHORE DRIVE MIAMI, FL 33132			Mailing Address 1737 NORTH BAYSHORE DRIVE MIAMI, FL 33132		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0360320	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FUNK, ERNESTINE 520 NE 114 ST MIAMI, FL 33161				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEMONS, DIXIE C 4330 BAY POINT RD MIAMI, FL 33137	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD GRIFFITH, FRANCES 1135 103 ST APT D3 BAY HARBOR ISLANDS, FL 331541226	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD BROWN, MARJORIE L 860 BURLINGTON ST. OPA LOCKA, FL 33054	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVPD SHELTON, BETTY 100 EDGEWATER DR UNIT 310 CORAL GABLES, FL 33133	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVPD Elizabeth (Betty) Lasch 9022 NE 8 Ave #20 Miami Shores, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD SIGLER, RUTH 11210 NE 8 CT. MIAMI, FL 33161	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FUNK, ERNESTINE 520 NE 114 ST MIAMI, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>Dixie C. Lemons</u> Dixie C. Lemons, President 02/09/04 (305) 237-4010 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					