2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# 728899

Entity Name: THE MIAMI WOMAN'S CLUB

Current Principal Place of Business:

1737 NORTH BAYSHORE DRIVE
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

1737 NORTH BAYSHORE DRIVE
MIAMI, FL 33132

New Mailing Address:

FEI Number: 59-0360320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JANE CAPORELLI
3301 NE 5TH AVE.
APT. 801
MIAMI, FL 33137 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:	SVP	( ) Delete
Name:	MACINTYRE, FRANCES	
Address:	409 VISCAYA AVE	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	FSD	( ) Delete
Name:	HARRIMAN, MARY	
Address:	4201 ROYAL PALM	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	RSD	(X) Delete
Name:	TOMLIN, CLAIRE	
Address:	238 E. SAN MARINO	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	PO	( ) Delete
Name:	TIMONEY, NOREEN	
Address:	1717 N. BAYSHORE DR. #3436	
City-St-Zip:	MIAMI, FL 33132	
Title:	1VP	( ) Delete
Name:	JOSEPH, LINDA	
Address:	1717 N. BAYSHORE DR #3856	
City-St-Zip:	MIAMI, FL 33132	
Title:	DF	( ) Delete
Name:	CAPORELLI, JANE	
Address:	3301 NE 5TH AVE., 801	
City-St-Zip:	MIAMI, FL 33137	

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

I hereby certify that the information supplied with this filing does not qualify 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: JANE CAPORELLI DF 06/15/2009

Electronic Signature of Signing Officer or Director — Date