

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

95 JAN 23 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N34704 (9)**  
1. Corporation Name  
**DADE COUNTY WOMEN'S POLITICAL CAUCUS, INC.**

Principal Place of Business Mailing Address  
**333 E RIVO ALTO DR MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/28/1989</b>	3a. Date of Last Report <b>06/16/1994</b>
4. FEI Number <b>59-2682157</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**PERWIN, JEAN S.  
25 SE 2ND AVE.  
SUITE 623 - INGRAM BLDG.  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when certifying) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>VERSACI, LISA</b>
STREET ADDRESS	<b>534 MENENDEZ AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>VO</b>
NAME	<b>MEYER, LYNN</b>
STREET ADDRESS	<b>6790 SW 52ND ST.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>GRADY, LUCILLE</b>
STREET ADDRESS	<b>9200 NW 3RD AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>TD</b>
NAME	<b>SIEGEL, VIRGINIA</b>
STREET ADDRESS	<b>333 E RIVO ALTO DR</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13, checked, or on an attachment with an address.

SIGNATURE:  **1/15/95 305-534-**  
ORIGINAL AND TYPED (PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Typed Name) **0860**