

**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

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



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

3. Date Incorporated or Qualified: **08/28/1989**  
3a. Date of Last Report: **01/23/1995**  
4. FEI Number: **59-2682157**  
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: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **27**  
Zip: **24** Country: **25**  
City & State: **28**  
Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**PERWIN, JEAN S.  
25 SE 2ND AVE.  
SUITE 623 - INGRAM BLDG.  
MIAMI FL 33131**

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**

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

**OFFICERS AND DIRECTORS**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VERSACI, LISA</b>	
STREET ADDRESS	<b>534 MENENDEZ AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MEYER, LYNN</b>	
STREET ADDRESS	<b>6790 SW 52ND ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRADY, LUCILLE</b>	
STREET ADDRESS	<b>9200 NW 3RD AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SIEGEL, VIRGINIA</b>	
STREET ADDRESS	<b>333 E RIVO ALTO DR</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CLARKE, LUNDY</b>	
1.3 STREET ADDRESS	<b>7400 NO KENTALL DRIVE # 612</b>	
1.4 CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
2.1 TITLE	<b>BD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>IRENE LIPOF</b>	
2.3 STREET ADDRESS	<b>3748 NE 209 TERRACE</b>	
2.4 CITY-ST-ZIP	<b>MIAMI FL 33180</b>	
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	<b>500001768800</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>-04/04/96--01014--032</b>	
6.3 STREET ADDRESS	<b>***61.25</b>	
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:** *[Signature]* **VIRGINIA SIEGEL** **3/20/96** **305-331-0836**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

4-3-96