

FILE NOW: FILING FEE IS \$61.25

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Feb 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

333 E RIVO ALTO DR  
MIAMI BEACH FL 33139

333 E RIVO ALTO DR  
MIAMI BEACH FL 33139-1249

3. Date Incorporated or Qualified 08/28/1989  
3a. Date of Last Report 04/03/1996

|    |                                |    |                     |    |  |                          |                                |
|----|--------------------------------|----|---------------------|----|--|--------------------------|--------------------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number<br>59-2682157   | Applied For              | Not Applicable                 |
| 22 | Suite, Apt. #, etc.            | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired  | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | City & State                   | 28 | City & State        | 6. | Election Campaign Financing Trust Fund Contribution  | <input type="checkbox"/> | \$5.00 May Be Added to Fees    |
| 24 | Zip                            | 25 | Country             | 29 | Zip  | 30                       | Country                        |
|    |                                |    |                     | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          |                                |

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   |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | TD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CLARK, LUNDY                       | 1.2 NAME  |   |
| STREET ADDRESS             | 7400 NO. KENDALL DRIVE #612        | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL 33156                     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LIPOF, IRENE                       | 2.2 NAME  |   |
| STREET ADDRESS             | 3748 NE 209 TERRACE                | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL 33180                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SIEGEL, VIRGINIA                   | 3.2 NAME  |   |
| STREET ADDRESS             | 333 E RIVO ALTO DR                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI BEACH FL                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 4.2 NAME  |   |
| STREET ADDRESS             |                                    | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                    | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 5.2 NAME  |   |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                    | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 6.2 NAME  |   |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                    | 6.4 CITY-ST-ZIP                                       |   |

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 this 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, unchanged, or on an attachment with an address.

SIGNATURE: VIRGINIA SIEGEL Date: 2/5/97 Daytime Phone #: 305-534-0860

CR2E037 (9/96)