

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mothman
 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	
800 E RIVO ALTO DR MIAMI BEACH FL 33139 7400 N. KENDALL DR #612 MIAMI FL 33156		800 E RIVO ALTO DR MIAMI BEACH FL 33139 7400 N. KENDALL DR #612 MIAMI FL 33156	
21	2. Principal Place of Business	2a	2a. Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	22	27	27
	City & State		City & State
23	23	28	28
	Zip		Zip
	Country		Country
24	25	29	30

3. Date Incorporated or Qualified
08/28/1989

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**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 **FL**

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

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLARK, LUNDY	
STREET ADDRESS	7400 NO. KENDALL DRIVE #612	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIPOF, IRENE	
STREET ADDRESS	3748 NE 209 TERRACE	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SIEGEL, VIRGINIA	
STREET ADDRESS	333 E RIVO ALTO DR	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	IRENE LIPOF	
1.3 STREET ADDRESS	3748 NE 209 TERRACE	
1.4 CITY-ST-ZIP	MIAMI FL 33180	
2.1 TITLE	T VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JANET LANCASTER	
2.3 STREET ADDRESS	7310 SW 64 COURT	
2.4 CITY-ST-ZIP	SOUTH MIAMI FL 33143	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LUNDY, CLARKE	
3.3 STREET ADDRESS	7400 N. KENDALL DR #612	
3.4 CITY-ST-ZIP	MIAMI FL 33156	
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 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 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: _____

CR2E037 (10/97)