

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34704

FILED  
Aug 31, 2008  
Secretary of State

Entity Name: NATIONAL WOMEN'S POLITICAL CAUCUS OF MIAMI-DADE, COUNTY, INC.

**Current Principal Place of Business:**

3301 NE 5TH AVENUE  
#1103  
MIAMI, FL 33137 US

**New Principal Place of Business:**

**Current Mailing Address:**

3301 NE 5TH AVE  
1103  
MIAMI, FL 33137 US

**New Mailing Address:**

3301 NE 5TH AVENUE  
#1103  
MIAMI, FL 33137 US

FEI Number: 59-2682157      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:**

ALEXANDRA, WAYLAND  
3301 NE 5TH AVE.  
1103  
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: CD ( ) Delete  
Name: RAFERTY, KIT  
Address: 150 SE 25TH RD APT 2J  
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete  
Name: WAYLAND, ALEXANDRA  
Address: 3301 NE 5TH AVE  
City-St-Zip: MIAMI, FL 33137

Title: SD ( ) Delete  
Name: SHINABERRY, DIANA  
Address: 9312 NORTH MIAMI AVENUE  
City-St-Zip: MIAMI SHORES, FL 33150

Title: D ( ) Delete  
Name: VILLATORO, NATHALIE  
Address: 2292 SW 58 AVENUE  
City-St-Zip: MIAMI, FL 33155

**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:

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: ALEXANDRA WAYLAND

D

08/31/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date