~~SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995~~
~~AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)~~

NONPROFIT CORPORATION ANNUAL REPORT

~~1995~~ 1996

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

DOCUMENT # N47444

1. Corporation Name

Woman's Relief Association, Inc.
301 N. E. 93rd Street
Miami Shores, FL 33138

900001883669
-07/03/96--01070--022
***61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business / Mailing Address

Same as above

3. Date Incorporated or Qualified: May 24, 1921
3a. Date of Last Report: 01-24-95

4. FEI Number: 59-0653313 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 / Country 25

2a. Mailing Address
26 301 N. E. 93 St.
Suite, Apt. #, etc.
27
City & State
28 Miami Shores, FL.
Zip 29 33138 / Country 30 USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Madeleine Babcock
82 Street Address (P.O. Box Number is Not Acceptable)
83: 301 N. E. 93rd Street
84 City: Miami Shores FL 85 Zip Code: 33138

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Madeleine Babcock 301 N. E. 93 Street Miami Shores, FL 33138	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition D Miss Ernestine Funk 520 N. E. 114 Street Miami, FL 33161
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/P Norma J. Mercer 990 N. E. 97 Street Miami Shores, FL 33138	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition D Dr. Celia Mangels 350 N. E. 118 Terrace Miami, FL. 33161
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/P Mrs. Myers Noell (Change) 1205 N. E. 95 Street Miami Shores, FL 33138	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☒ Addition D Mrs. Douglas Bischoff 9879 N. E. 13 Avenue Miami Shores, FL 33138
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Marion Speier (Change) 600 Biltmore Way, Apt.507 Coral Gables, FL 33134	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition D Mrs. L. F. Mead 311 Hibiscus Dr. Miami Springs, FL 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Carol Adams 10240 Collins Ave. #101 Bal Harbor FL. 33154	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition D Mrs. Charlie Mae Stillman 552 N. E. 47 Terr. Miami, FL. 33127
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mrs. Marvin H. Floyd (Change) 19301 Royal Birkdale Dr. Hialeah, FL. 33015	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition D Mrs. B. E. Wood 5011 Ponce DeLeon Coral Gables, Fl. 33146

CR2E037 (3/95)

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)(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: Madeleine Babcock Madeleine Babcock, Pres. 4/12/96 (305)754-6383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #