

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

**DOCUMENT # N93000002987 (6)**

1. Corporation Name

**CONSEIL INTERNATIONAL DES FEMMES FRANCOPHONES DE FLORIDE, INC.**

95 APR -6 AM 6:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 1585 LANDS END RD MANALAPAN FL 33462  
Mailing Address: 1585 LANDS END RD MANALAPAN FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1993  
3a. Date of Last Report: 04/12/1994  
4. FEI Number: 65-0430434  
Applied For: Not Applicable

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
27  
City & State: 23  
28  
Zip: 24  
Country: 25  
29

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:  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: ALEXANDER, BRUCE G, 515 N FLAGLER DR #1900, W PALM BEACH FL 33401  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when forming)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE: PD                  | BAUDRY-CHISHOLM, MARIE-FRANCE<br>1585 LANDS END RD<br>MANALAPAN FL | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: SD                  | EID, NADIA<br>100 LAKESHORE DR #1753<br>N PALM BEACH FL 33408      | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VD                  | RAVET-RIGBY, ARLETTE<br>1720 S OCEAN BLVD<br>MANALAPAN FL 33462    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: VD                  | SHELBY, ADRIAN A<br>2380 GOLF BROOK AVE<br>W PALM BEACH FL 33414   | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: TD                  | MASTERS, JOSE<br>11828 MAIDSTONE DR<br>WELLINGTON FL 33414         | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D                   | MIRSH, NICOLE<br>2482 PLAYERS CT<br>W PALM BEACH FL 33414          | 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 607.0505, 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 on it as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the 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: M.F. Baudry-Chisholm  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
M-F BAUDRY-CHISHOLM

April 1st 1995 407-547-4403