

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000002987 (6)

1. Corporation Name
CONSEIL INTERNATIONAL DES FEMMES FRANCOPHONES DE FLORIDE, INC.



Principal Place of Business
**1585 LANDS END RD
MANALAPAN FL 33462**

Mailing Address
**1585 LANDS END RD
MANALAPAN FL 33462**

3. Date Incorporated or Qualified **06/22/1993** 3a. Date of Last Report **04/06/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEL Number 65-0430434	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALEXANDER, BRUCE G 515 N FLAGLER DR #1900 W PALM BEACH FL 33401				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	11 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUDRY-CHISHOLM, MARIE-FRANCE		12 NAME				
STREET ADDRESS	1585 LANDS END RD		13 STREET ADDRESS				
CITY-ST-ZIP	MANALAPAN FL		14 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEEVES, CYNTHIA		22 NAME	Cynthia NEEVES			
STREET ADDRESS	1304 N OCEAN BLVD		23 STREET ADDRESS	same			
CITY-ST-ZIP	GULFSTREAM FL		24 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	31 TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RAVET-RIGBY, ARLETTE		32 NAME	Lucette MONNIER			
STREET ADDRESS	1720 S OCEAN BLVD		33 STREET ADDRESS	7060 Lions Head Lane			
CITY-ST-ZIP	MANALAPAN FL 33462		34 CITY-ST-ZIP	BOCA RATON FL 33496			
TITLE	VTD	<input checked="" type="checkbox"/> DELETE	41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LICHTMAN, NICOLE		42 NAME	Nicole LICHTMAN			
STREET ADDRESS	3100 S OCEAN BLVD #S406		43 STREET ADDRESS	same			
CITY-ST-ZIP	PALM BEACH FL		44 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	51 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FOROUGH, PARY		52 NAME	DEBORAH ZIMET			
STREET ADDRESS	5200 POINSETTIA AVE #1605		53 STREET ADDRESS	5590 - N Coach House Circle			
CITY-ST-ZIP	WEST PALM BEACH FL		54 CITY-ST-ZIP	BOCA RATON FL 33486			
TITLE	D	<input checked="" type="checkbox"/> DELETE	61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LEMPEREUR, JACQUE		62 NAME	Marga LACARRERE			
STREET ADDRESS	2569 NW 59 ST		63 STREET ADDRESS	812 E Marbella Lane			
CITY-ST-ZIP	BOCA RATON FL		64 CITY-ST-ZIP	lantana FL			

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)(k), 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: M. T. David Chisholm March 25, 1996 (407) 547-4403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)