

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 9:4

DOCUMENT # N00797 (3)

1. Corporation Name

WOMEN'S CHAMBER OF COMMERCE OF SOUTH FLORIDA, IN C.

Principal Place of Business

Mailing Address

1399 SW FIRST AVE., 3RD FLR.
MIAMI FL 33130

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MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1984

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2371670

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 3625 N.W. 82nd AVENUE

26 3625 N.W. 82nd AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 401

27 SUITE 401

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

Zip

Country

Zip

Country

24 33166

25 USA

29 33166

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 190.032,

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, PATRICIA
POPHAM, HAIK, SCHNOBRICK
100 SE 2ND ST 4100 CENTRUST FIN. CNTR.
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	LEFEUR, PHYLLIS
STREET ADDRESS	12764 N KENDALL DR
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	KNUDSEN, LINDA
STREET ADDRESS	4001 NW 97TH AVE.
CITY - ST - ZIP	MIAMI FL 33178
TITLE	SD
NAME	BRENNER, ARLENE
STREET ADDRESS	815 N W 57 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	CALLOWAY, GWENDOLYN
STREET ADDRESS	16621 SW 104TH AVE
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	SUAREZ, CELIA
STREET ADDRESS	8009 NW 36ST #230
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	SMITH, JOANN
STREET ADDRESS	815 NW 57 AVE
CITY - ST - ZIP	MIAMI FL 33128

1.1 TITLE	PD	☒ Change	☐ Addition
1.2 NAME	LINDA L. KNUDSEN		
1.3 STREET ADDRESS	6200 S.W. 75 th STREET		
1.4 CITY - ST - ZIP	MIAMI, FLORIDA 33143		
2.1 TITLE	VD	☒ Change	☐ Addition
2.2 NAME	JODY ROWE-STALEY		
2.3 STREET ADDRESS	3734 MATHESON AVENUE		
2.4 CITY - ST - ZIP	COCONUT GROVE, FLORIDA 33139		
3.1 TITLE	SD	☒ Change	☐ Addition
3.2 NAME	DOROTHY JOHNSON		
3.3 STREET ADDRESS	2897 S.W. 69 th COURT		
3.4 CITY - ST - ZIP	MIAMI, FLORIDA 33155		
4.1 TITLE	D	☒ Change	☐ Addition
4.2 NAME	GWEN CALLOWAY		
4.3 STREET ADDRESS	11706 S.W. 132 nd PLACE		
4.4 CITY - ST - ZIP	MIAMI, FLORIDA 33186		
5.1 TITLE	TD	☒ Change	☐ Addition
5.2 NAME	SHERY J. ROTHFIELD		
5.3 STREET ADDRESS	1021 N. VENETIAN DRIVE		
5.4 CITY - ST - ZIP	MIAMI, FLORIDA 33139		
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sherry J. Rothfield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHERY J. ROTHFIELD

4-6-95 (805) 579-9125

Date

(Signature Please)