

# 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 # N00797 (3)**

1. Corporation Name

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



Principal Place of Business

Mailing Address

**3625 NW 82ND AVENUE  
SUITE 401  
MIAMI FL 33166  
US**

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SUITE 401  
MIAMI FL 33166  
US**

3. Date Incorporated or Qualified  
**01/09/1984**

3a. Date of Last Report  
**04/11/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**59-2371670**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

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

**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 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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD KNUDSEN, LINDA L**  
STREET ADDRESS **6200 SW 73RD STREET**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **PD ROWE-STALEY, JODY**  
1.3 STREET ADDRESS **3734 MATHESON AVENUE**  
1.4 CITY-ST-ZIP **COCONUT GROVE FL**

TITLE ☐ DELETE  
NAME **VD ROWE-STALEY, JODY**  
STREET ADDRESS **3734 MATHESON AVENUE**  
CITY-ST-ZIP **COCONUT GROVE FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **RENO, DONNA J.**  
2.3 STREET ADDRESS **7111 ROBLES STREET**  
2.4 CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE  
NAME **SD JOHNSON, DOROTHY**  
STREET ADDRESS **2897 SW 69TH COURT**  
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **SD CARLUCCI, JO ANNE**  
3.3 STREET ADDRESS **17777 OLD CUTLER ROAD**  
3.4 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME **D CALLOWAY, GWEN**  
STREET ADDRESS **11706 SW 132ND PLACE**  
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **TD ROTHFIELD, SHERRY J**  
STREET ADDRESS **1021 N VENETIAN DRIVE**  
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VD SMITH, JOANN**  
STREET ADDRESS **815 NW 57 AVE**  
CITY-ST-ZIP **MIAMI FL 33126**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **VD JUDITH BUCHER**  
6.3 STREET ADDRESS **12515 N. KENDALL DRIVE, #416**  
6.4 CITY-ST-ZIP **MIAMI 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: *Sherry J. Rothfield* **SHERRY J. ROTHFIELD** 4-1-96 (305) 579-9125  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)