

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT
CORPORATION
ANNUAL REPORT

1995 1996



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

DOCUMENT #

1. Corporation Name

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

Principal Place of Business

Mailing Address

Same as above

900001883669

-07/03/96--01070--022

***\$1.25

DO NOT WRITE IN THIS SPACE

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

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

26 301 N. E. 93 St.

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

33138 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

City

301 N. E. 93rd Street

84

State

Miami Shores

FL

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

Madeleine Babcock

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P Madeleine Babcock
301 N. E. 93 Street
Miami Shores, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/P Norma J. Mercer
990 N. E. 97 Street
Miami Shores, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/P Mrs. Myers Noell (Change)
1205 N. E. 95 Street
Miami Shores, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S Marion Speier (Change)
600 Biltmore Way, Apt. 507
Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T Carol Adams
10240 Collins Ave. #101
Bal Harbor FL. 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D Mrs. Marvin H. Floyd (Change)
19301 Royal Birkdale Dr.
Hialeah, FL. 33015

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

D Miss Ernestine Funk ☒ Change ☐ Addition
520 N. E. 114 Street
Miami, FL 33161

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

D Dr. Celia Mangels ☐ Change ☒ Addition
350 N. E. 118 Terrace
Miami, FL. 33161

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

D Mrs. Douglas Bischoff ☐ Change ☒ Addition
9879 N. E. 13 Avenue
Miami Shores, FL 33138

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

D Mrs. L. F. Mead ☐ Change ☐ Addition
311 Hibiscus Dr.
Miami Springs, FL 33166

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

D Mrs. Charlie Mae Stillman ☐ Change ☐ Addition
552 N. E. 47 Terr.
Miami, FL. 33127

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

D Mrs. B. E. Wood ☐ Change ☐ Addition
5011 Ponce DeLeon
Coral Gables, FL. 33146

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 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

Date: 4/12/96

Telephone: (305) 754-6383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)