FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90306 013 ****61.25

1999		
DOCUMENT #	NI/	17/1/

1333				
DOCUMENT # N47444 1. Corporation Name				
WOMAN'S RELIEF ASSOCIATION, INC.	•	* 3 69644 - 90306 - 13		
Principal Place of Business Mailing Address				
RIDGE N #101 BALBRIDGE N #101		1 100 1410 1 141 1 1 1 1 1 1 1 1 1 1 1 1		
O COLLINS AVE 10240 COLLINS AVE				
BAL HARBOUR FL 33154 US US BAL HARBOUR FL 33154 US		f 1884tille dit milli 1881: Billi 1881: Billi		
US US				
Principal Place of Business Za. Mailing Address		Date Incorporated or Qualifed		
21 26		02/19/1992		
Suite, Apt. #, etc. Suite, Apt. #, etc.		4. FEI Number Applied For		
22		59-0653313 Not Applicable		
City & State City & State 28		5. Certificate of Status Desired \$8.75 Additional Fee Required		
Zip Country Zip	Country	6. Election Campaign Financing \$5.00 May Be		
24 25 29 30		Trust Fund Contribution Added to Fees		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
	81 Name			
CAROL ADAMS BALBRIDGE N #101	82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
10240 COLLINS AVE	83			
BAL HARBOUR FL 33154	84 City	FL 85 Zip Code		
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida 	orized by the corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered		
SIGNATURE		DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS	gistered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
	1.1 TITLE			
LI OUR MANAGEN	1.2 NAME			
NAME [ACIULYN M NOFI!	IL∠NAME 1	•		

1205 NE 95TH ST 1,3 STREET ADDRESS STREET ADDRESS MIAMI SHORES FL 33138 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 2.1 TITLE TITLE **NORMA JEAN MERCER** 2.2 NAME NAME 990 NE 97TH ST 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33138 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change DELETE ☐ Addition 3.1 TITLE TTLE MABLE MEAD 3.2 NAME NAME 311 HIBISCUS DR 3.3 STREET ADDRESS STREET ADDRESS MIAMI SPRGS FL 33166 CITY-ST-ZIP 3.4. CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE πLE RS **CONNIE BISCHOFF** 4. 2 NAME NAME 9879 NE 13 AVE 4.3 STREET ADDRESS STREET ADDRESS MIAMI SHORES FL 33138 CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Addition Change TITLE CS 5.1 TITLE 5.2 NAME NAME MARION SPEIER 5.3 STREET ADDRESS 600 BILTMORE WAY #507 STREET ADDRESS 5.4 CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP 61 TITLE ☐ Addition DELETE ☐ Change TITLE 6.2 NAME CAROL ADAMS NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

BAL BRIDGE N #101

BAL HARBOUR FL 33154

4-16-99 305 864 7560
Date Davime Phone #