

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90033 007 ****61.25

DOCUMENT # 748544

1. Corporation Name

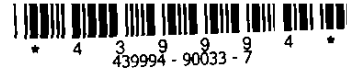
30 WOMEN FOR CHARITY, INC.

Principal Place of Business

4896 NW 67 AVE
FT LAUDERDALE FL 33319

Mailing Address

4896 NW 67 AVE
FT LAUDERDALE FL 33319



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/15/1979

4. FEI Number

59-2101217

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

9. Name and Address of Current Registered Agent

STEINER, MARCIA
4896 NW 67 AVE
FT LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name
WENDY ROSENTHAL
82 Street Address (P.O. Box Number is Not Acceptable)
5558 PINE CIRCLE
83
84 City
CORAL SPRINGS FL 85 Zip Code
33067

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: Wendy Rosenthal WENDY ROSENTHAL 4/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE TD
NAME KRAVEC, LISA
STREET ADDRESS 5890 NW 100 WAY
CITY-ST-ZIP PARKLAND FL ☒ DELETE

TITLE PD
NAME PATTI COVERT
STREET ADDRESS 9620 NW 43RD ST
CITY-ST-ZIP SUNRISE FL ☐ DELETE

TITLE VD
NAME LORI POPKIN
STREET ADDRESS 1953 S LANDING WAY
CITY-ST-ZIP FT LAUDERDALE FL 33326 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER
1.2 NAME WENDY ROSENTHAL
1.3 STREET ADDRESS 5558 PINE CIRCLE
1.4 CITY-ST-ZIP CORAL SPRINGS FL 33067 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: Wendy Rosenthal WENDY ROSENTHAL 4/26/99 561-999-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)