

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90056 014 \*\*\*\*\*70.00

**DOCUMENT # 718479**

1. Entity Name

**COCONUT GROVE NEGRO WOMEN'S CLUB, INC.**

Principal Place of Business

Mailing Address

**3230 THOMAS AVE.  
 MIAMI FL 33133  
 US**

**3230 THOMAS AVE.  
 MIAMI FL 33133  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKER, ANNIE B  
 3802 OAK AVENUE  
 MIAMI FL 33133**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **BAKER, ANNIE B.**  
 STREET ADDRESS **3802 OAK AVE.**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **FSD** ☐ Change ☒ Addition  
 NAME **JANICE CARR**  
 STREET ADDRESS **10830 S.W. 154TH ST.**  
 CITY-ST-ZIP **MIAMI, FL. 33157**

TITLE **VPD** ☐ Delete  
 NAME **JORDAN, BARBARA B.**  
 STREET ADDRESS **6241 S.W. 58TH STREET**  
 CITY-ST-ZIP **SOUTH MIAMI FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☐ Delete  
 NAME **CAREY, JOSEPHINE**  
 STREET ADDRESS **3620 S.W. 37TH AVE.**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD** ☒ Delete  
 NAME **ADKINS, IDA**  
 STREET ADDRESS **3470 FLORIDA AVE.**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **VPD** ☐ Change ☒ Addition  
 NAME **JULIA FAYE FALCO**  
 STREET ADDRESS **3421 FLORIDA AVE.**  
 CITY-ST-ZIP **MIAMI, FL. 33133**

TITLE **SD** ☐ Delete  
 NAME **LEE, DOROTHY P.**  
 STREET ADDRESS **3459 PERCIVAL AVE.**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☒ Delete  
 NAME **ROLLE, FRANKIE S.**  
 STREET ADDRESS **3430 WILLIAMS AVE.**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **MYRTLENE S. DIXON**  
 STREET ADDRESS **6250 S.W. 62ND COURT**  
 CITY-ST-ZIP **MIAMI, FL. 33143**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**ANNIE B. BAKER** 2/12/02 305-243-6067

CR2E037 (9/01)