2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY - ST - 7IP

TITLE

NAME

3435 SHIPPING AVE

MIAMI FL 33133

LEE, DOROTHY P

3459 PERCIVAL AVE

MIAMI FL 33133-5040

TD

Mar 30, 2007 8:00 am Secretary of State **DOCUMENT # 718479** 1. Entity Name 03-30-2007 90145 016 ****70.00 COCONUT GROVE NEGRO WOMEN'S CLUB, INC. Mailing Address Principal Place of Business 3802 OAK AVE. MIAMI FL 33133 3459 PERCIVAL AVE **MIAMI FL 33133** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BAKER, ANNIE B Street Address (P.O. Box Number is Not Acceptable) 3802 OAK AVENUE **MIAMI FL 33133** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed rights 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 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete PD ши Addition TITLE ☐ Change JULIA JAYE FALCO 3421 FLORIDA AVENUE NAME BAKER, ANNIE B. NAME STREET ADDRESS 3802 OAK AVE. STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP **MIAMI FL 33133** MIAMI, FLORIDA 33133 Addition Delete Сhange TITLE HH SANG F. CARR 10830 S.W. 1544 STREET NAME NAMI JORDAN, BARBARA B. STREET ADDRESS STREET ADDRESS 6241 S.W. 58TH STREET MIAMI, FLORIDA 33157 City-ST-ZIP SOUTH MIAMI FL CHY-ST-ZIP HILE □ Delete ши Change Addition SD NAME NAME CAREY, JOSEPHINE STREET ADDRESS STREET ADDRESS 3620 S.W. 37TH AVE. CITY ST-ZIP CITY-ST-ZIP MIAMI FL 33133 Delete THUE Change HILE **VPD** Addition ORETTA S. WHITTLE NAME NAME FALCO, JULIA F 3443 FROW AVENUE STREET ADDRESS STREET ADDRESS 3421 FLORIDA AVENUE CITY-ST-ZIP CHY-SI-ZP MIAMI, FLORIDA 33133 MIAMI FL 33133 TITLE SD ☐ Delete HIH. Change Addition NAME NAME JESSIE, MARY D

FILED

☐ Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 early 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP MYATLENE S. DIXON 6250 S.W. 620 COURT

MIAMI, FLORIDA 33143

CHY-SI-7IP

Delete

SIGNATURE: DOROTHY P. LEE 3-19-06 305-448-9501