


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N47722	
1. Entity Name INTERNATIONAL WOMEN'S FORUM, INC.	

Principal Place of Business 200 SOUTH BISCAYNE BLVD SUITE 3050 MIAMI, FL 33131 US	Mailing Address 200 SOUTH BISCAYNE BLVD SUITE 3050 MIAMI, FL 33131 US
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DO NOT WRITE IN THIS SPACE

07212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0329792	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PARKS MCCABE, ARVA M
1601 S. MIAMI AVENUE
MIAMI, FL 33129

**DO NOT WRITE
IN THIS SPACE**

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 Arva M. McCabe DATE 7/22/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000956239 07/24/08-80004-018 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEINTRAUB, THERESA V 200 S BISCAYNE BLVD, STE 3050 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELSER, MARSHA B 44 WEST FLAGLER ST, STE 2100 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THORP, PATRICIA 150 ALHAMBRA CIRCLE, STE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GASSENHEIMER, LINDA 142 SANS SOUCI DRIVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: Theresa V Weintraub DATE 7/22/08 DAYTIME PHONE # (305) 372-4260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR