

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47722

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** INTERNATIONAL WOMEN'S FORUM, INC.

**Current Principal Place of Business:**

44 WEST FLAGLER STREET  
SUITE 2100  
MIAMI, FL 33130 US

**New Principal Place of Business:**

799 BRICKELL PLAZA  
SUITE 707  
MIAMI, FL 33131 US

**Current Mailing Address:**

44 WEST FLAGLER STREET  
SUITE 2100  
MIAMI, FL 33130 US

**New Mailing Address:**

799 BRICKELL PLAZA  
SUITE 707  
MIAMI, FL 33131 US

**FEI Number:** 65-0329792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ELSER, MARSHA B  
Address: 44 WEST FLAGLER STREET, SUITE 2100  
City-St-Zip: MIAMI, FL 33130 US

Title: V  
Name: GASSENHEIMER, LINDA  
Address: 142 SANS SOUCI DRIVE  
City-St-Zip: CORAL GABLES, FL 33133

Title: S  
Name: RANDOLPH, TONI  
Address: 4814 FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33109

Title: T  
Name: KATE, CALLAHAN  
Address: 2111 TIGERTAIL AVENUE  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATE M. CALLAHAN

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01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date