

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000001503

Entity Name: SOROPTIMIST INTERNATIONAL OF HOMESTEAD, INC.**Current Principal Place of Business:**28110 SW 161 AVENUE
HOMESTEAD, FL 33033**Current Mailing Address:**P.O. BOX 900384
HOMESTEAD, FL 33033 US**FEI Number: 80-0196367****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ASKINS, SUE
28110 SW 161 AVENUE
HOMESTEAD, FL 33033 US*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**Officer/Director Detail :**

Title	D
Name	HELD, DENISE
Address	PO BOX 900384
City-State-Zip:	HOMESTEAD FL 33090

Title	DIRECTOR
Name	MAKIS-SMIGEL, JUNE ANNE
Address	24505 SW 193RD AVE
City-State-Zip:	HOMESTEAD FL 33031

Title	DIRECTOR
Name	DOHERTY, YVETTE
Address	29120 SOUTH FEDERAL HIGHWAY
City-State-Zip:	HOMESTEAD FL 33033

Title	D
Name	GRIFFITTS, ADRIENNE
Address	P.O. BOX 900384
City-State-Zip:	HOMESTEAD FL 33090

Title	PRESIDENT
Name	KNOWLES, YVONNE
Address	P.O. BOX 900384
City-State-Zip:	HOMESTEAD FL 33033

Title	TREASURER
Name	CARDILLO, GINA
Address	P.O. BOX 900384
City-State-Zip:	HOMESTEAD FL 33033

Title	DIRECTOR
Name	ZIMMERMAN, DANIELLE
Address	P.O. BOX 900384
City-State-Zip:	HOMESTEAD FL 33033

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: YVONNE C. KNOWLES**PRESIDENT****01/27/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date