

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR -3 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704257 (5)
1. Corporation Name
DADE COUNTY FEDERATION OF WOMEN'S CLUBS

Principal Place of Business Mailing Address
**20251 SW 272 ST.
HOMESTEAD FL 33031** **20251 SW 272 ST.
HOMESTEAD FL 33031**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/06/1962	3a. Date of Last Report 04/14/1994
4. FEI Number 59-6134539	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Miami Woman's Club	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 1737 N. Bayshore Drive	27
City & State	City & State
23 Miami, Florida	28
Zip	Country
24 33132	25 Dade
29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOSNER, W H (MRS.) 20251 SW 272 ST. HOMESTEAD FL 33031	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature based on printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when transferring.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHRTENS, WILLIAM O (MRS)	1.2 NAME	
STREET ADDRESS	1441 S.W. 11ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, J BARCO (MRS.)	2.2 NAME	
STREET ADDRESS	925 PALERMO AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, MILTON E.(MRS)	3.2 NAME	
STREET ADDRESS	16221 E. TROON CIR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, WILLIAM D. (MRS.)	4.2 NAME	
STREET ADDRESS	59 NE 15 STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	HOMESTEAD FL	4.4 CITY - ST - ZIP	
TITLE	C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUBILLAS, L. (MRS.)	5.2 NAME	
STREET ADDRESS	155 N.W. 123RD ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	Y	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOSNER, WILLIAM H. (MRS.)	6.2 NAME	
STREET ADDRESS	20251 SW 272 ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	HOMESTEAD FL	6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William W. Losner William W. Losner 2/13/95 305-242-1102
Signature and typed or printed name of signing officer or director