


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90257 002 \*\*\*\*61.25

**DOCUMENT # 704257**

1. Entity Name  
**DADE COUNTY FEDERATION OF WOMEN'S CLUBS**



Principal Place of Business  
**MIAMI WOMAN'S CLUB**  
**1737 N. BAYSHORE DR.**  
**MIAMI, FL 33132 US**

Mailing Address  
**20251 SW 272 ST.**  
**HOMESTEAD, FL 33031**

**40077199**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04212007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-6134539**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LOSNER, W H (MRS.)**  
**20251 SW 272 ST.**  
**HOMESTEAD, FL 33031**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRUTH, CHARLYNE 7430 MIAMI LAKES DR., E405 HIALEAH, FL 33014 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSS, ALAN J MRS 12700 SW 67TH AVENUE MIAMI, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, MILTON E. (MRS) 16221 E. TROON CIR. MIAMI LAKES, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEVORKIAN, VIRGINIA 1651 SW 127 AVE., #A401 HOLLYWOOD, FL 33027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CUBILLAS, L. (MRS.) 155 N.W. 123RD ST. MIAMI, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOSNER, WILLIAM H. (MRS.) 20251 SW 272 ST. HOMESTEAD, FL <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MacIntyre, Dolly 409 VISCAYA AVE CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P 1st Fuchs, Veronica 5932 NE 6th AVE MIAMI, FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 VP Ricci, ANITA 230-174 ST, Apt 1619 Sunny Isles Beach, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 VP Eggleston, Jeannette 4560 W. 24 COURT, #14 HIALEAH, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R S Perry, Ruth 28201 SW 195 Ave Homestead, FL 33030 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kasch, Betty 9022 NE 8 Ave #2-0 MIAMI SHORES, FL 33138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Daglene Losner, Treasurer of Trustees **4-2007 305-247-8102**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #