

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704257

FILED
Feb 14, 2009
Secretary of State

Entity Name: DADE COUNTY FEDERATION OF WOMEN'S CLUBS

Current Principal Place of Business:

MIAMI WOMAN'S CLUB
1737 N. BAYSHORE DR.
MIAMI, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

4330 BAY POINT RD
MIAMI, FL 33137

New Mailing Address:

FEI Number: 59-6134539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXIE CHASTAIN LEMONS
4330 BAY POINT RD
MIAMI, FL 33137 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 () Delete
Name: MACINTYRE, DOLLY
Address: 409 VISCAYA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: FUCHS, VERONICA
Address: 5932 NE 6TH AVE
City-St-Zip: MIAMI, FL 33137

Title: 2V () Delete
Name: RICCI, ANITA
Address: 230 174 ST APT 1619
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: 3V () Delete
Name: EGGLESTON, JEANETTE
Address: 6560 W 24 COURT #14
City-St-Zip: HIALEAH, FL 33016

Title: S () Delete
Name: PERRY, RUTH
Address: 28201 SW 195 AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: T () Delete
Name: LASCH, BETTY
Address: 9022 NE 8 AVE #2-0
City-St-Zip: MIAMI SHORES, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FUCHS, VERONICA
Address: 5932 NE 6 AVE
City-St-Zip: MIAMI, FL 33137

Title: V (X) Change () Addition
Name: RICCI, ANITA
Address: 230 - 174TH STREET, APT. 1619
City-St-Zip: SUNNY ISLES, FL 33160

Title: 2V (X) Change () Addition
Name: CARRUTH, CHARLENE
Address: 11000 NW 24TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: 3V (X) Change () Addition
Name: LEIBKUCHKER, HEIKE
Address: 6601 SW 79TH COURT
City-St-Zip: MIAMI, FL 33143

Title: S (X) Change () Addition
Name: MACINTYRE, DOLLY
Address: 409 VISCAYA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DIXIE CHASTAIN LEMONS

D

02/14/2009

Electronic Signature of Signing Officer or Director

Date