

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704257

FILED  
Jan 17, 2011  
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:**

20251 SW 272 STREET  
HOMESTEAD, FL 33031

**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:**

LOSNER, DOYLENE W TRUSTEE  
20251 SW 272 ST  
HOMESTEAD, FL 33031 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: MCALLISTER, ANN  
Address: 19411 SW 308 ST.  
City-St-Zip: HOMESTEAD, FL 33030

Title: V  
Name: WINGETT, MARY  
Address: 6510 W. 5TH PLACE  
City-St-Zip: HIALEAH, FL 33012

Title: 2V  
Name: FUCHS, VERONICA  
Address: 5932 NE 6TH AVENUE  
City-St-Zip: MIAMI, FL 33137

Title: 3V  
Name: VIZETTE, MAXINE  
Address: 1627 BRICKELL AVENUE NO. 1707  
City-St-Zip: MIAMI, FL 33129

Title: S  
Name: PRIESS, IRENE  
Address: 449 SWALLOW DR. NO.3  
City-St-Zip: MIAMI SPRINGS, FL 33166

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

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: DOYLENE LOSNER

TRUS

01/17/2011

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

\_\_\_\_\_  
Date