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Apr 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 714723 (4)

1. Corporation Name

AMERICAN SOCIETY OF WOMEN ACCOUNTANTS, MIAMI CHAPTER NO. 75, INC.



Principal Place of Business

Mailing Address

C/O VICKI WALSH
2121 PONCE DE LEON BLVD., #1100
CORAL GABLES FL 33134

C/O VICKI WALSH
2121 PONCE DE LEON BLVD., #1100
CORAL GABLES FL 33134-5251

3. Date Incorporated or Qualified
06/06/1968

3a. Date of Last Report
07/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
23-7066265

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALSH, VICKI
#1100
2121 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Constance DeWeese

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/16/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WALSH, VICKI
STREET ADDRESS 5605 N. BAYSHORE DR.
CITY-ST-ZIP MIAMI FL 33137

☐ DELETE

TITLE V
NAME HARRIS, LAURIE
STREET ADDRESS 20025 N.E. 3RD CT., #6
CITY-ST-ZIP MIAMI FL 33179

☐ DELETE

TITLE T
NAME DEWEESE, CONNIE
STREET ADDRESS 7822 S.W. 99TH ST.
CITY-ST-ZIP MIAMI FL 33156

☐ DELETE

TITLE S
NAME DAVIS, JANETTE
STREET ADDRESS 8861 S.W. 21ST ST.
CITY-ST-ZIP MIRAMAR FL 33025

☐ DELETE

TITLE D
NAME KELLY, ROBIN
STREET ADDRESS 5810 S.W. 90TH CT.
CITY-ST-ZIP MIAMI FL 33173

☐ DELETE

TITLE D
NAME ANTEZANA, CANDACE
STREET ADDRESS 1774 NOC-A-TEE DR.
CITY-ST-ZIP COCONUT GROVE FL 33133

☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

VICE PRESIDENT
DELORES HAMMOND
2121 PONCE DE LEON BLVD. Suite 1100
Coral Gables, FL 33134

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Constance DeWeese

3/26/97

305-271-3774

CR2E037 (9/96)