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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 714723 (4)

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



Principal Place of Business: C/O VICKI WALSH, 2121 PONCE DE LEON BLVD., #1100, CORAL GABLES FL 33134
Mailing Address: C/O VICKI WALSH, 2121 PONCE DE LEON BLVD., #1100, CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 06/06/1968
4. FEI Number: 23-7066265

2. Principal Place of Business: C/O MARY WELLENDOFF, 220 ALHAMBRA CIRCLE, CORAL GABLES FL 33134
2a. Mailing Address: C/O MARY WELLENDOFF, 220 ALHAMBRA CIRCLE, CORAL GABLES FL 33134

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. No

9. Name and Address of Current Registered Agent: WALSH, VICKI #1100, 2121 PONCE DE LEON BLVD., CORAL GABLES FL 33134

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 84 City, 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: _____ DATE: _____

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include: PD WALSH, VICKI; V HARRIS, LAURIE; T DEWESE, CONNIE; S DAVIS, JANETTE; D KELLY, ROBIN; VP HAMMOND, DELORES.

Table with 2 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows include: MARY WELLENDOFF, 5974 SW 61 ST, MIAMI FL 33143.

14. I 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 DeWese* 4/16/98 305-271-3774

CR2E037 (10/97)