

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 716083

(1)

1. Corporation Name

ZONTA CLUB OF GREATER MIAMI, INC.



Principal Place of Business

Mailing Address

C/O PELL, DERINDA S.  
1200 COTORRO AVENUE  
CORAL GABLES FL 33146  
US

90 Rita DANIELS Ed  
2775 OKEECHOBEE RD  
HIALEAH, FL  
33010

C/O PELL, DERINDA S.  
1200 COTORRO AVENUE  
CORAL GABLES FL 33146  
US

SAMU

3. Date Incorporated or Qualified  
02/19/1969

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number  
59-6166201

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

DANIELS, RITA M  
2775 OKEECHOBEE ROAD, #104  
HIALEAH FL 33010

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DAVIS, ERNESTINE  
11704 S W 97TH ST  
MIAMI FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
PRESIDENT  
ROSA NACCARATO  
2801 N.E 183 ST #1217  
MIAMI, FL 33160

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BEVDRIE, BARBARA  
1430 S E BAYSHORE DRIVE, #502  
MIAMI FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
1ST VP  
WILHEMINA BLACK  
7201 W. 2ND CT  
HIALEAH, FL 33014

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
PELL, DERINDA S.  
1200 COTORRO AVENUE  
CORAL GABLES FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
2ND VP  
CYNTHIA STAFFORD  
3575 N.W 80 ST  
MIAMI, FL 33147

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ADAIR, VERA  
3802 E. 10TH AVENUE  
HIALEAH FL 33013

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
RECORDING SECRETARY  
JAN EIKE  
1655 N.E 115 ST #299  
MIAMI, FL 33181

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
NOBLE, NANCY  
4015 S.W. 16 TERRACE  
MIAMI FL 33134

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
DIRECTOR  
MATTIE BEHA DAVIS  
402 COMO AVE  
CORAL GABLES 33146

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DANIRE, RITA  
2775 OKEECHOBEE RD., #104  
HIALEAH FL

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
TREASURER  
RITA DANIELS  
2775 OKEECHOBEE RD #104  
HIALEAH, FL 33010

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Rita M. Daniels  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96 (305) 887-4558  
Date Daytime Phone #

CR2E037 (12/95)