FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 718479 (9) COCONUT GROVE NEGRO WOMEN'S CLUB, INC.						
Principal Place of Business Ma		Mailing Address				
3230 THOMAS AVE. MIAMI FL 33133 US		3230 THOMAS AVE. MIAMI FL 33133-5826 US				
		••		3. Date Incorporated or Qualified 3a. Date of Last Report 10/18/1996		
	lace of Business	2a. Mailing Address		4. FEI Number Applied Not Applied	For	
Sulte, Apt. #, etc.		Suite, Apt. #, etc		110(7)33		
22		27		5. Certificate of Status Desired \$8.75 Additio		
City & State		City & State		6. Election Campaign Financing \$5.00 May E	 Ве	
23		28		1rust Lund Contribution Added to Fee		
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes Yes No	032,	
	9. Name and Address of Curren		1991	10. Name and Address of New Registered Agent		
			81 Na	lame		
B aker, annie B.			82 Sto	street Address (P.O. Box Number is Not Acceptable)		
3802 OAK AVENUE						
MIAMI F	L 331 33		83			
			84 Cit	City 85 Zip Code		
11. Pursuant	to the provisions of Sections 617 050	2 and 617 1508 Florida St	alules the above-na	FL 69 Zip Gode	ctored	
office or i agent. I a SIGNATURE	egistored agent, or troth, in the State in familiar with, and accept the obligation of repaired agents of repaired agents.	ations of, Section 617.0503	, Florida Statutes	amed corporation submits this statement for the purpose of changing its regist of corporation's board of directors. I hereby accept the appointment as register appointment when reinstating).	ered	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12	
TITLE	PD	DELETE	1.1 TITLE	PD Change XA	Addition	
NAME	SANDS, LOUISE MRS.	•	1.2 NAME	BAKER, ANNIE B. 3802 OAK AVENUE		
STREET ADDRESS	3230 THOMAS AVENUE		1.3 STREET ADDR	ORESS 3802 OAK AVENUE		
CITY-ST-ZIP TITLE	MIAMI FL 33133 D	DELETE	14 CHY-ST-ZIP 21 HILE		Addition	
NAME	MCDONALD, HATTIE	Oct 11	22 NAME	141 -	Auullion	
STREET ADDRESS	228 JEFFERSON DRIVE		2 3 STREET ADDR	Jordan, BARBARA B ARSS 6241 S.W. 58# STREET		
CITY-ST-ZIP	MIAMI FL 33133		2 4 CiTY-ST-ZIP			
TITLE	SD	DELETE	3 1 TITLE	VP⊅ □ Change 🔀 A	Addition	
NAME	CAREY, JOSEPHINE		3.2 NAME	ADKINS, FDA		
STREET ADDRESS	3620 S.W. 37TH AVE.			HESS 3470 FLORIOA AVENUE		
CITY-ST-ZIP	MIAMI FL 33133		3.4. CITY - S1 - ZIP			
TITLE		☐ DELETE	4.1 101.6	SD Change A	Addition	
NAME STREET ADDRESS			4. 2 NAME	DIEC SILTO PERCUIAL AVENUE		
CITY-ST-ZIP			4.3 STREET ADDR	D 1010 F1 22125		
TITLE		DECETE	4.4 CITY - ST - ZIP 5.1 TITLE	TD Change XA	Addition	
NAME			5.2 NAME	TD Change A AVENUE ROLLE, FRANKIE S. 3430 WILLIAMS AVENUE MIAMI, FL. 33133 Change A AVENUE MIAMI, FL. 33133		
STREET ADDRESS			5.3 STREET ADDR	RESS 3430 WILLIAMS AVENUE		
CHTY-ST-ZIP			5.4 CITY-ST-ZIP	MIAMI FL, 33133		
TITLE		☐ DELFTE	6.1 TITLE	Change A	Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDR			
CITY-ST-ZIP			6.4 CITY - ST - ZIP	P		

14. I do hereby certify that the information supplied with this filling 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 18 if changed, or on an attachment with an address.