


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

05 MAY 13 PM 6:26


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718479 1. Entity Name COCONUT GROVE NEGRO WOMEN'S CLUB, INC.	
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Principal Place of Business 3230 THOMAS AVE. MIAMI, FL 33133 US	Mailing Address 3230 THOMAS AVE. MIAMI, FL 33133 US
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2. Principal Place of Business 3802 OAK Ave Suite, Apt. #, etc.	3. Mailing Address 3802 OAK Ave Suite, Apt. #, etc.
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City & State Miami, Florida	City & State Miami, Florida	Zip 33133	Country USA
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04052005 REIN-NP	CR2E099 (6/04)
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAKER, ANNIE B 3802 OAK AVENUE MIAMI, FL 33133	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

REINSTATEMENT 04-05

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, ANNIE B. <input type="checkbox"/> Delete 3802 OAK AVE. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JORDAN, BARBARA B. <input type="checkbox"/> Delete 6241 S.W. 58TH STREET SOUTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAREY, JOSEPHINE <input type="checkbox"/> Delete 3620 S.W. 37TH AVE. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FALCO, JULIA F <input type="checkbox"/> Delete 3421 FLORIDA AVENUE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEE, DOROTHY P. <input type="checkbox"/> Delete 3459 PERCIVAL AVE. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIXON, MYRTLENE S <input type="checkbox"/> Delete 6250 S.W. 62ND COURT MIAMI, FL 33143

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em; font-weight: bold;">600055582876</div> 06/01/05--01056--001 **131.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Annie B. Baker / ANNIE B. BAKER Date: 305 444-1492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #