

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90444 022 \*\*\*\*70.00



<b>DOCUMENT # 718479</b>	
1. Entity Name <b>COCONUT GROVE NEGRO WOMEN'S CLUB, INC.</b>	
Principal Place of Business <b>3802 OAK AVE. MIAMI FL 33133 US</b>	Mailing Address <b>3802 OAK AVE. MIAMI FL 33133 US</b>
2. Principal Place of Business	3. Mailing Address <b>3459 PERCIVAL AVENUE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>MIAMI, FLORIDA</b>
City & State	City & State <b>33133-5040 DADE</b>
Zip	Country
Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BAKER, ANNIE B 3802 OAK AVENUE MIAMI FL 33133</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

B. 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKER, ANNIE B.			NAME			
STREET ADDRESS	3802 OAK AVE.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JORDAN, BARBARA B.			NAME			
STREET ADDRESS	6241 S.W. 58TH STREET			STREET ADDRESS			
CITY-ST-ZIP	SOUTH MIAMI FL			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAREY, JOSEPHINE			NAME			
STREET ADDRESS	3620 S.W. 37TH AVE.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FALCO, JULIA F			NAME			
STREET ADDRESS	3421 FLORIDA AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<b>SD</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEE, DOROTHY P.			NAME	<b>MARY D. JESSIE</b>		
STREET ADDRESS	3459 PERCIVAL AVE.			STREET ADDRESS	<b>3435 SHIPPING AVENUE</b>		
CITY-ST-ZIP	MIAMI FL 33133			CITY-ST-ZIP	<b>MIAMI, FL. 33133</b>		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	<b>TD</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DIXON, MYRTLENE S			NAME	<b>DOROTHY P. LEE</b>		
STREET ADDRESS	6250 S.W. 62ND COURT			STREET ADDRESS	<b>3459 PERCIVAL AVENUE</b>		
CITY-ST-ZIP	MIAMI FL 33143			CITY-ST-ZIP	<b>MIAMI, FL. 33133-5040</b>		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Dorothy P. Lee* DOROTHY P. LEE 4-20-06 305-448-9501