

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718479

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** COCONUT GROVE NEGRO WOMEN'S CLUB, INC.

**Current Principal Place of Business:**

3421 FLORIDA AVENUE  
MIAMI, FL 33133 US

**New Principal Place of Business:**

3459 PERCIVAL AVENUE  
MIAMI, FL 33133 US

**Current Mailing Address:**

3459 PERCIVAL AVENUE  
MIAMI, FL 33133 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LEE, DOROTHY P  
3459 PERCIVAL AVENUE  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: FSD  
Name: FALCO, JULIA F  
Address: 3421 FLORIDA AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: VPD  
Name: JORDAN, BARBARA B  
Address: 6241 S.W. 58TH STREET  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: SD  
Name: CAREY, JOSEPHINE  
Address: 3620 S.W. 37TH AVE.  
City-St-Zip: MIAMI, FL 33133

Title: PD  
Name: LEE, DOROTHY P  
Address: 3459 PERCIVAL AVENUE  
City-St-Zip: MIAMI, FL 331335040

Title: CSD  
Name: JESSIE, MARY D  
Address: 3435 SHIPPING AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: TD  
Name: BAKER, ANNIE B  
Address: 3802 OAK AVENUE  
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOROTHY P. LEE

PD

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date