

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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AND
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95 JUL 19 AM 10:13

SECRETARY OF STATE
ALBANY, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 728307
1. Corporation Name
Women's Caucus for Art, Florida Chapter Inc.

Principal Place of Business
561 N.W. 32 St.
Miami, FL 33127

Mailing Address
561 N.W. 32 St.
Miami, FL 33127

2. Principal Place of Business
21
Suite, Apt. #, etc.

2a. Mailing Address
26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
City & State

24
Zip

25
Country USA

29
Zip

30
Country USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
1/22/1974

3a. Date of Last Report
1/27/94

4. FEI Number
59-2788490

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Neumann, Pamela
4605 S.W. 89 Ave.
Miami, FL 33165

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	President PD
NAME	Pamela S. Neumann
STREET ADDRESS	4605 SW 89 Ave.
CITY, ST, ZIP	Miami, FL 33165
TITLE	Treasurer TD
NAME	Antoinette Louanne
STREET ADDRESS	1740 NW North River Dr.
CITY, ST, ZIP	Miami, FL 33125
TITLE	Parker Phyllis VD
NAME	Parker Phyllis
STREET ADDRESS	106 N Royal Palm Circle Dr.
CITY, ST, ZIP	Ft. Lauderdale, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

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 110.07(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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pamela S. Neumann
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/17/95 (305)
387-0101