

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90106 025 ****61.25

DOCUMENT # 730743

1. Entity Name
HERSTORY OF FLORIDA, INC.



Principal Place of Business
3611 POINCIANA AVE.
MIAMI, FL 33133

Mailing Address
3611 POINCIANA AVE.
MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE



04082005 No Chg-NP CR2E037 (10/03)

4. FEI Number
23-7403629

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAFTON, MARTHA
3611 POINCIANA AVE
MIAMI, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE *Martha P. Grafton*

4/11/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution.

☐ Added to Fees

4/11/05

Due by May 1, 2005

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
GRAFTON, MARTY
3611 POINCIANA AVENUE
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
BRADDOCK, RUTH
7801 S.W. 134 ST
MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RC
DE JONGH, ELENA
10231 S.W. 80 ST
MIAMI, FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CS
JENNINGS, JILL
7858 HAVANA HIGHWAY
HAVANA, FL 32333

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Martha P. Grafton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA P. GRAFTON

4/11/05 (305) 567-9443

Date

Daytime Phone #