

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90016 036 ****61.25

DOCUMENT # 730743

1. Entity Name

HERSTORY OF FLORIDA, INC.



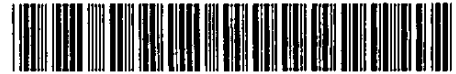
Principal Place of Business

~~3611 POINCIANA AVE.~~
~~MIAMI FL 33133~~

Mailing Address

~~3611 POINCIANA AVE.~~
~~MIAMI FL 33133~~

*1115 Country Club Prado
Coral Gables, FL 33134*



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

~~GRAFTON, MARTHA~~
~~3611 POINCIANA AVE~~
~~MIAMI FL 33133~~

Mary Young
1115 Country Club
Prado
Coral Gables, FL 33134

Name

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

FL

Zip Code

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

[Signature]

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE *Treasurer* ☐ Delete
NAME GRAFTON, MARTHA
STREET ADDRESS 3611 POINCIANA AVENUE
CITY-ST-ZIP MIAMI FL 33133

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

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

TITLE *Chair* ☐ Delete
NAME *Mary Young*
STREET ADDRESS *1115 Country Club Prado*
CITY-ST-ZIP *Coral Gables, FL 33134*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

Entity

County/Parish #