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NONPROFIT CORPORATION ANNUAL REPORT



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

1996 748544 **DOCUMENT #** 

141

| 1. Corporation Name 30 WOMEN FOR CHARITY, INC.  Principal Place of Business  4896 NW 67 AVE FT LAUDERDALE FL 33319  Mailing Address  4896 NW 67 AVE FT LAUDERDALE FL 33319   |   |   |  |   |   |                                      |   |                              |
|--|---|---|--|---|---|--------------------------------------|---|------------------------------|
|  |   |   |  |   | 3. Date Incorporated or Qualified 08/15/1979  | 3a. Dat<br>0                         | e of Last<br>2/13/19                        | Report<br>195                |
| 2. Principal P   | lace of Business  | 2a. Mailing Address<br>26   |  |   | 4. FEI Number<br>59-2101217   |                                      |   | Applied For                  |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.   | ··-  |   | Certificate of Status Desired   |                                      | \$8.75                                      | Not Applicable Additional    |
| City & Stat  | е   | City & State  | <u> </u>   |   | 6. Election Campaign Financing  |                                      |   | Required  May Be             |
| 3  |   | 28  |  |   | Trust Fund Contribution   |                                      | Added                                       | to Fees                      |
| Zip<br><b>4</b> ]  | Country 25  | Zip 29  | Country<br>30  |   | 8. This corporation has liability for it  |                                      |   | 199.032,                     |
| <u> </u>   | 9. Name and Address of Curre  |   | [30]   |   | Florida Statutes  10. Name and Address of New Ro  | Yes XI                               |   |                              |
|  |   |   | 81   | Narne   | To. The distribution of the state of  | OBIGIOI OU X                         | your.                                       |                              |
| STEINER  | R, MARCIA   |   | 82   | Christ Add  | dress (P.O. Box Number is Not Acceptable  | I=\                                  |   |                              |
| 4896 NW 67 AVE   |   |   | 62   | Street Ack  | dress (F.O. Box Number is Not Acceptable  | ю                                    |   |                              |
| FT LAUC  | DERDALE FL 33319  |   | 83   | •   |   |                                      |   |                              |
|  |   |   | 84   | City  |   |                                      | <b>85</b> Zip                               | Code                         |
|  |   |   |  |   | oration submits this statement for the purp   | <u> </u>                             | 1 1   |                              |
| tamiliar wi  | ith, and accept the obligations of, Sec   | ction 617.0503, Florida Statute   | s.   | ration 5 box  | and of directors. I hereby accept the appo  | MITTER TIL GIS TO                    | ogiotoroa                                   |                              |
| signature  | ith, and accept the obligations of, Sec<br>Signature, typed or printed name of registered age<br>OFFICERS AI  | ction 617.0503, Florida Statute   | OTE: Registered Agents  13.  |   | red when reinstaling) ADDITIONS/CHANGES TO OFFIX  | DATE<br>CERS AND (                   | DIRECTO                                     | RS IN 12                     |
| signature<br>12.   | Signature, typed or printed name of registered age  OFFICERS At   | ction 617.0503, Florida Statute<br>nt and title if applicable. (N   | S.<br>OTE: Registered Agent :  |   | red when reinstaling)  ADDITIONS/CHANGES TO OFFI  PD  | DATE<br>CERS AND (                   |   | RS IN 12                     |
| TAMIIIAT WI<br>SIGNATURE<br>112.<br>TITLE  | Signature, typed or printed name of registered age OFFICERS AT PD PADIAN, PAULA   | ction 617.0503, Florida Statute ont and title if applicable.  ND DIRECTORS                                | OTE: Registered Agents 13. 1.1 TITLE 1.2 NAME  | niuper av fangia  | ADDITIONS/CHANGES TO OFFICE PD Sherman, Brenda  | DATE<br>CERS AND I                   | DIRECTO                                     |                              |
| TAMILIAN WI<br>SIGNATURE<br>12.<br>TILF<br>IAME<br>STREET ADDRESS  | Signature, typed or printed name of registered age OFFICERS AT PD PABIAN, PAULA 842 NW-81 TERRACE   | ction 617.0503, Florida Statute ont and title if applicable.  ND DIRECTORS                                | TE: Registered Agent of 13. 1.1 TITLE 1.2 NAME 1.3 STREET A  | signat ire requir   | ADDITIONS/CHANGES TO OFFICE PD Sherman, Brenda 4470 NW 74 Ave   | DATE CERS AND (                      | DIRECTO                                     |                              |
| TAMILIAR WI<br>SIGNATURE<br>111.<br>TITLE<br>NAME<br>STREET ADDRESS<br>DITY-ST-ZIP   | Signature, typed or printed name of registered age OFFICERS AT PD PADIAN, PAULA   | ction 617.0503, Florida Statute int and trie if applicable. (N ND DIRECTORS ☐ DELETE                      | S.  13. 1.1 TITLE 1.2 NAME 1.3 STREET AL 1.4 CITY-SI-  | signat ire requir   | ADDITIONS/CHANGES TO OFFICE PD  Sherman, Brenda 4470 NW 74 Ave Lauderhill, Fl. 3  | DATE CERS AND I                      | DIRECTOI<br>PChange                         | Addition                     |
| TARMINAT WARE  SIGNATURE  TILF  NAME  STREET ADDRESS  SITY-SI-ZIP  TILE  | Signature, typed or printed name of registered age OFFICERS AT PD PABIAN, PAULA 842 NW-81 TERRACE PLANTATION FL   | ction 617.0503, Florida Statute ont and title if applicable.  ND DIRECTORS                                | S.  OTE: Registered Agent t  13.  11 Title  12 NAME  1.3 STREET A  1.4 CITY-ST- 21 Title   | egnat ve requi  | ADDITIONS/CHANGES TO OFFICE PD  Sherman, Brenda 4470 NW 74 Ave Lauderhill, Fl. 3  | DATE CERS AND I                      | DIRECTO                                     |                              |
| TARTHIBAT WI<br>SIGNATURE<br>12.<br>THILF<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>UTLE   | Signature, typed or printed name of registered age OFFICERS AT PD PABIAN, PAULA 842 NW 81 TERRACE PLANTATION FL   | ction 617.0503, Florida Statute int and trie if applicable. (N ND DIRECTORS ☐ DELETE                      | S.  TE: Registered Agent 4  13.  11 Tifle  12 NAME  1.3 STREET AI  1.4 CITY-SI-  21 Tifle  22 NAME   | DDRESS  | ADDITIONS/CHANGES TO OFFICE PD  Sherman, Brenda 4470 NW 74 Ave Lauderhill, Fl. 3  VD Covert, Patti  | DATE CERS AND I                      | DIRECTOI<br>Change<br>Change                | Addition                     |
| TATHINAT WI<br>SIGNATURE<br>12.<br>THE<br>VAME<br>STREET ADDRESS<br>DITY-SI-ZIP<br>HILE<br>VAME<br>STREET ADDRESS  | Signature, typed or printed name of registered age OFFICERS AT PD PABIAN, PAULA 842 NW-81 TERRACE PLANTATION FL VD SHERMAN, BRENDA  | ction 617.0503, Florida Statute int and trie if applicable. (N ND DIRECTORS ☐ DELETE                      | S.  OTE: Registered Agent t  13.  11 Title  12 NAME  1.3 STREET A  1.4 CITY-ST- 21 Title   | DDRESS  | ADDITIONS/CHANGES TO OFFICE PD  Sherman, Brenda 4470 NW 74 Ave Lauderhill, Fl. 3  VD  Covert, Patti 9620 NW 4345  | DATE CERS AND I  AUC 3319            | DIRECTOI<br>Change<br>Change                | Addition                     |
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SIGNATURE: Lisa Kravec Treasurer (954) 755-1156 2/22/96 She Kravec

SIGNATURE: Lisa Kravec Treasurer (954) 755-1156 2/22/96 She Kravec

Detail Detail Detail Despire Phone #