FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90033 007 ****61.25

DOCUMENT # 748544

1. Corporation Name
30 WOMEN FOR CHARITY, INC.

439994 - 90033 - 7

Principal Place of Business	Mailing Address
4896 NW 67 AVE FT LAUDERDALE FL 33319	4896 NW 67 AVE FT LAUDERDALE FL 33319

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/15/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2101217 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STEINER, MARCIA
4896 NW 67 AVE
FT LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name: WENDY ROSENTHAL
82 Street Address (P.O. Box Number is Not Acceptable): 5558 PINE CIRLE
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33067

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Wendy Rosenthal WENDY ROSENTHAL 4/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	1.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	KRAVEC, LISA		1.2 NAME	WENDY ROSENTHAL	
STREET ADDRESS	5890 NW 100 WAY		1.3 STREET ADDRESS	5558 PINE CIRCLE	
CITY-ST-ZIP	PARKLAND FL		1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PATTI COVERT		2.2 NAME		
STREET ADDRESS	9620 NW 43RD ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LORI POPKIN		3.2 NAME		
STREET ADDRESS	1953 S LANDING WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33326		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wendy Rosenthal SIGNATURE RECEIVED WENDY ROSENTHAL 4/26/99 561-999-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)