

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

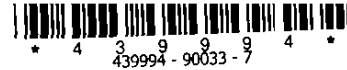
30 WOMEN FOR CHARITY, INC.

Principal Place of Business

4896 NW 67 AVE
FT LAUDERDALE FL 33319

Mailing Address

4896 NW 67 AVE
FT LAUDERDALE FL 33319



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/15/1979

4. FEI Number

59-2101217

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

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 CIRCLE
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. I 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

TITLE	TD	☒ DELETE
NAME	KRAVEC, LISA	
STREET ADDRESS	5890 NW 100 WAY	
CITY-ST-ZIP	PARKLAND FL	
TITLE	PD	☐ DELETE
NAME	PATTI COVERT	
STREET ADDRESS	9620 NW 43RD ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VD	☐ DELETE
NAME	LORI POPKIN	
STREET ADDRESS	1953 S LANDING WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	☒ Change ☐ Addition
1.2 NAME	WENDY ROSENTHAL	
1.3 STREET ADDRESS	5558 PINE CIRCLE	
1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33067	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 **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)