

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 13 PM 2:25

DOCUMENT # 748925 (5)
1. Corporation Name
SOROPTIMIST INTERNATIONAL OF CORAL GABLES, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
718 UNIVERSITY DRIVE CORAL GABLES FL 33134

3. Date Incorporated or Qualified **09/14/1979** 3a. Date of Last Report **01/28/1994**
4. FEI Number **59-6132499** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ROGERS, SUZANNE L.
718 UNIVERSITY DRIVE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE 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 NAME STREET ADDRESS CITY - ST - ZIP	D NORD, PATRICIA 439 MINORCA AVE CORAL GABLES FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENDINGER, RUTH 9700 SW 157 TERR MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STEWART, LOUISE 511 LORETTA AVE CORAL GABLES FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GAILEY, JANE 6231 SW 116 PL, #E MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLAR, SHIRLEY 4170 EL PRADO BLVD MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MITCHELL, LOIS 6407 SW 132 STR CIR MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JANE GAILEY 6231 SW 116 PL. #E MIAMI, FL. 33173
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lois Mitchell 6407 SW 132 Str Cir Miami FL 33183

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Jane Gailey, Treasurer 1/26/95 305 274-7755
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR (Date) (Keyed) (Phone #)