

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90022 018 ****61.25

DOCUMENT # 748925 *R.*
 1. Entity Name
SOROPTIMIST INTERNATIONAL OF CORAL GABLES, INCORPORATED

Principal Place of Business Mailing Address
6231 SW 116 PL. UNIT E
MIAMI, FL. 33173 **SAME**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

000 6-9983
 DO NOT WRITE IN THIS SPACE
 4. FEI Number **59-6132499** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JANE G. GAILEY
6231 SW 116 PLACE UNIT E
MIAMI, FLORIDA 33173

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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.
 SIGNATURE *Jane G. Gailey* *same as last year*
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NORD, PATRICIA	
STREET ADDRESS	439 MINORCA AVE.	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	Laurie Rasey	
STREET ADDRESS	4100 WOODRIDGE ROAD	
CITY-ST-ZIP	COCONUT GROVE, FL. 33133	
TITLE	T	<input type="checkbox"/> Delete
NAME	GAILEY, JANE G.	
STREET ADDRESS	6231 SW 116 PL. UNIT E	
CITY-ST-ZIP	MIAMI, FL. 33173	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLAR, SHIRLEY	
STREET ADDRESS	410 Crawford St.	
CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEVERLY F. ROOT	
STREET ADDRESS	11611 SW 104 COURT	
CITY-ST-ZIP	MIAMI, FL. 33176-4003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		


12. 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 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: *Jane G. Gailey* **MAILED** *May 31, 2000 305-274-7755*
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)

FILE NOW: FILING FEE IS \$61.25

Attachment
OH 748925
DW 69983
850 488 9000
850 487 6056 # 14
2nd request 5/18/00
305 377 5930
DeCal. mo. 0000000000
Suprema
3/22
3rd req
WVVP, Sun Bay


NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748925

1. Corporation Name
SOROPTIMIST INTERNATIONAL OF CORAL GABLES, INCORPORATED

Principal Place of Business 718 UNIVERSITY DRIVE CORAL GABLES FL 33134 <i>6231 SW 116 Pl. Unit E</i> <i>Miami, FL 33173</i>	Mailing Address 718 UNIVERSITY DRIVE CORAL GABLES FL 33134 <i>6231 SW 116 Place Unit E</i> <i>Miami, FL 33173</i>
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/14/1979
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-6132499
23. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
 Jane G. Gailey 6231 SW 116th Pl. Apt. E. Miami, FL 33173-4762	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ac
NAME	D NORD, PATRICIA	1.2 NAME	
STREET ADDRESS	439 MINORCA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ac
NAME	B P LAURIE RASEY	2.2 NAME	
STREET ADDRESS	4100 WOODRIDGE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ac
NAME	T GAILEY, JANE	3.2 NAME	
STREET ADDRESS	6231 SW 116 PLACE, UNIT E	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ac
NAME	S MILLAR, SHIRLEY	4.2 NAME	
STREET ADDRESS	4178 EL PRADO BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ac
NAME	B D BEVERLY F ROOT	5.2 NAME	
STREET ADDRESS	11611 SW 104 COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176-4003	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ac
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: *James G. Gailey* **REQUIRED** *April 22, 1999*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #