

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 751154 (6)

1. Corporation Name

WOMEN'S ADVOCACY: THE MAJORITY/MINORITY, INC.



Principal Place of Business

Mailing Address

2598 LAKEVIEW CT  
COOPER CITY FL 33026  
US

2598 LAKEVIEW CT.  
COOPER CITY FL 33026  
US

3. Date Incorporated or Qualified

02/21/1980

3a. Date of Last Report

03/10/1995

2. Principal Place of Business

2a. Mailing Address

21 306 N. 32nd Ave.

26 306 N. 32nd Ave.

4. FEI Number

59-2471651

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEESON, PAMELA  
2598 LAKEVIEW COURT  
COOPER CITY FL 33026

81 Name

Arliss Hynds

82 Street Address (P.O. Box Number is Not Acceptable)

306 N. 32nd Ave.

83

84 City

Hollywood

FL

85 Zip Code

33021

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

Arliss Hynds

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME LEESON, PAMELA  
STREET ADDRESS 2598 LAKEVIEW CT.  
CITY-ST-ZIP COOPER CITY FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PD  
1.3 STREET ADDRESS 2598 LAKEVIEW CT.  
1.4 CITY-ST-ZIP COOPER CITY FL 33021

TITLE VPD ☒ DELETE

NAME GREENSPAN, RICKEY  
STREET ADDRESS 1200 S PINE ISLAND RD SUITE 200  
CITY-ST-ZIP PLANTATION FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VPD  
2.3 STREET ADDRESS 1200 S PINE ISLAND RD SUITE 200  
2.4 CITY-ST-ZIP PLANTATION FL 33021

TITLE TD ☒ DELETE

NAME RICHARDS, SHIRLEY  
STREET ADDRESS 5388 N. SPRINGS WAY  
CITY-ST-ZIP CORAL SPGS. FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME TD  
3.3 STREET ADDRESS 5388 N. SPRINGS WAY  
3.4 CITY-ST-ZIP CORAL SPGS. FL 33021

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arliss Hynds  
Treasurer

Date

Daytime Phone #

4-29-96 (954) 963-2129

CR2E037 (12/95)