

FILE NOW: FILING FEE IS \$61.25

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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751154 (6)
1. Corporation Name
WOMEN'S ADVOCACY: THE MAJORITY/MINORITY, INC.



Principal Place of Business 306 N. 32ND AVENUE HOLLYWOOD FL 33021 US		Mailing Address 306 N. 32ND AVENUE HOLLYWOOD FL 33021 US		3. Date Incorporated or Qualified 02/21/1980	
2. Principal Place of Business 21 150 NW 70 AVE Suite, Apt. #, etc. 22 # 4		2a. Mailing Address 26 150 NW 70 AVE Suite, Apt. #, etc. 27 # 4		4. FEI Number 59-2471651	
City & State 23 PLANTATION, FL.		City & State 28 PLANTATION, FL.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33317		Country 25 BROWARD		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Name and Address of Current Registered Agent PAMELA A LEESON 2598 LATVIEW CT COOPERCITY FL 33026	
10. Name and Address of New Registered Agent 81 Name LUCILLE ARNOLD 82 Street Address (P.O. Box Number is Not Acceptable) 11043 S W 15 MANOR 83 84 City DAVIE FL 85 Zip Code 33324		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 <i>Lucille Arnold</i> DATE 4/28/98			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME ARLISS HYND STREET ADDRESS 306 N 32ND AVE CITY - ST - ZIP HOLLYWOOD FL	<input type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME ELIZABETH BURN 1.3 STREET ADDRESS 150 NW 70 AVE SUITE #4 1.4 CITY - ST - ZIP PLANTATION, FL. 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME ELBE BURKE STREET ADDRESS 6073 NW 187TH ST C7 CITY - ST - ZIP MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE VPD 2.2 NAME LISA ARONSON 2.3 STREET ADDRESS 11251 SW 9 Ct. 2.4 CITY - ST - ZIP PENBROKE, PINES, FL. 3305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME PAMELA LEESON STREET ADDRESS 2598 LAKEVIEW CT CITY - ST - ZIP COOPER CITY FL	<input type="checkbox"/> DELETE	3.1 TITLE TD 3.2 NAME LUCILLE ARNOLD 3.3 STREET ADDRESS 11043 S. W. 15 MANOR 3.4 CITY - ST - ZIP DAVIE, FL. 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Lucille Arnold* DATE: **4/28/98** 954-424-7323

CR2E037 (10/97)