

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90424 009 \*\*\*\*70.00

**DOCUMENT # 751154**

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



Principal Place of Business  
18819 N.W. 24 CT.  
PEMBROKE PINES, FL 33029 US

Mailing Address  
18819 N.W. 24 CT.  
PEMBROKE PINES, FL 33029 US

94064092

2. Principal Place of Business  
5163 NW 74 CT  
Suite, Apt. #, etc.

3. Mailing Address  
5163 NW 74 CT  
Suite, Apt. #, etc.

04152004 Chg-NP CR2E037 (10/03)

City & State  
COCONUT CREEK, FL  
Zip 33073 Country USA

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COCONUT CREEK FL  
Zip 33073 Country USA

4. FEI Number  
59-2471651

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent  
CORTESE, MANUELA  
18819 N.W. 24 CT.  
PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent  
Name  
ARONSON, LISA  
Street Address (P.O. Box Number is Not Acceptable)  
5163 NW 74 CT  
City COCONUT CREEK FL Zip Code 33073

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lisa K. Aronson, Treasurer

Lisa K. Aronson 4-21-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARONSON, LISA	
STREET ADDRESS	5163 NW 74 CT.	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CORTESE, MANUELA	
STREET ADDRESS	18819 NW 24 CT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BURKE, ELBE	
STREET ADDRESS	1746 MIAMI GARDENS DR. #208	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KLEIN, JOAN	
STREET ADDRESS	711 SW 89 AVENUE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSEN, BERNICE	
STREET ADDRESS	2061 NE 183 ST.	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GLICKMAN, JOAN	
STREET ADDRESS	6411 HOLATREE TRL	
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33330	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, JOAN	
STREET ADDRESS	711 SW 89 AVE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANE DIPLACIDO	
STREET ADDRESS	2115 N. 14 TERR.	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAM LEE SON	
STREET ADDRESS	2560 GARDEN CT. - -	
CITY-ST-ZIP	COOPER CITY, FL 33026	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA ARONSON	
STREET ADDRESS	5163 NW 74 CT	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNICE ROSEN	
STREET ADDRESS	2061 NE 183 ST.	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN SILVERS	
STREET ADDRESS	8620 VIA GUILTA	
CITY-ST-ZIP	BOCA RATON, FL 33496	

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:

Lisa K. Aronson Lisa K. Aronson

4-21-04

(954) 980-2896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #