FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 754945

(4)

CORAL GABLES JUNIOR WOMAN'S CLUB FOUNDATION INC.

Principal Place of Business Mailing Address				t iddire innat Atre dinis inne Erns	i Šilis Bollel minti Alfais Armes Siller arliti innt
C/O 1009 E. CORAL GABLE	PONCE DE LEON BLVD. ES FL 33134	C/O 1009 E. PONCE DE CORAL GABLES FL 3313			
				3. Date incorporated or Qualified 10/31/1980	3a. Date of Last Report 02/15/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 59-6153542	Applied For Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30		Yes 🔀 No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent
PEDRAZA, PAMELA 15001 SW 87 AVENUE MIAMI FL 33158 81 Name Dawn 82 Street Address P.O. Box Numb 83 Miami F 84 City Miami 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this str					ier ign St. FL 85 Zip, Code 33/76
or registers	o the provisions of Sections 617.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	ta. Such change was authorized	i, the above-named co d by the corporation's l	rporation submits this statement for the pur board of directors. I hereby accept the appo	pose of changing its registered office bintment as registered agent. I am
	Signature, typed or printed name of registered agent		Registered Agent signature re		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	PD	DELETE	1.1 TITLE	PD Elsine	Change Addition
NAMÉ	PEDRAZA, PAMELA		1.2 NAME	Sevush, Elaine 10375 S.W. 117 Stra	et
STREET ADDRESS	15001 SW 87 AVE.	_	1.3 STREET ADORESS	10375 3.00.	
CITY - ST - ZIP	MIAMI FL 33158	D VELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Miami FL 3317	Change Addition
TITLE	VD WHEELED OLAHDINE	C.Procere	2.1 11112	LANCEN Burbara	Es change Es Addries
NAME	WHEELER, CLAUDINE 1049 MALAGA AVE		2.2 NAME 2.3 STREET ADDRESS	Lapsley, Barbara 3727 fonce de Leon B	Ivd.
STREET ADDRESS	CORAL GABLES FL		2. 4 CITY - ST - ZIP	coral Gables FL 3	2134
OTY-ST-ZIP TITLE	VD	TADELETE.	3.1 TITLE	VD	☐ Change ☐ Addition
NAME	CLAUS, JANENE	(L)	3.2 NAME	Britton Betsy	
STREET ADDRESS	7100 SQ 133 ST		3.3 STREET ADDRESS	Britton, Betsy 10541 S.W. 126 St.	
CITY-ST-ZIP	MIAMI FL		3 4. CITY - ST - ZIP	Miani, FL 33171	<u>'</u>
TITLE	TD	□ DELETE	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	WHEELER, SHERRY		4. 2 NAME	Collier, Dawn	
STREET ADDRESS	10830 SW 167 ST		4.3 STREET ADDRESS	81140 SW 148+4 St.	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIGMI FL 33176	
TITLE	TD	DELETE	5 1 TITLE	7)	☐ Change ☐ Addition
NAME	LAPSLEY, BARBARA		52 NAME	Jose, 6a e / 13445 S.W. 80 Ruad	
STREET ADDRESS	3727 PONCE DE LEON BLVD) <u>,</u>	5.3 STREET ADDRESS	13445 Sw. 80 Road	
CITY-ST-ZIP	CORAL GABLES FL 33134		5.4 CITY-ST-ZIP	Miami FL 33156	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
DITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do hereb	y certify that the information supplied	with this filing is voluntarily furnis	shed and does not qua	lify for the exemption stated in Section 119 curate and that my signature shall have the	.07(3)(k), Florida Statutes. I further same legal effect as if made under
oath; that	Tam an officer or director of the corpo Block 12 or Block_13 if changed, or o	pration or the receiver or trustee	empowered to execut	e this report as required by Chapter 617, Fi	orida Statutes; and that my name

SIGNATURE: Dawn M. Collier Dawn M. Collier 2/15/91 305 232"

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Detail Design Proper of Director Date of Director Details Design Proper of Design

PE037 (12/95)