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Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754945 (4)

1. Corporation Name

CORAL GABLES JUNIOR WOMAN'S CLUB FOUNDATION INC.

Principal Place of Business

C/O 1009 E. PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Mailing Address

C/O 1009 E. PONCE DE LEON BLVD.
CORAL GABLES FL 331343. Date Incorporated or Qualified
10/31/19803a. Date of Last Report
02/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-6153542

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

COLLIER, DAWN M
8740 SW 148TH STREET
MIAMI FL 33176

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME SEVUSH, ELAINE
STREET ADDRESS 10375 SW 117TH STREET
CITY-ST-ZIP MIAMI FLTITLE VD ☐ DELETE
NAME LAPSLEY, BARBARA
STREET ADDRESS 3727 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FLTITLE VD ☒ DELETE
NAME BRITTON, BETSY
STREET ADDRESS 10541 SW 126TH STREET
CITY-ST-ZIP MIAMI FLTITLE TD ☐ DELETE
NAME COLLIER, DAWN
STREET ADDRESS 8740 SW 148TH STREET
CITY-ST-ZIP MIAMI FLTITLE TD ☐ DELETE
NAME JOSE, GAEL
STREET ADDRESS 13445 SW 80TH ROAD
CITY-ST-ZIP MIAMI FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE YD ☒ Change ☒ Addition
1.2 NAME TANIA STERN
1.3 STREET ADDRESS 6925 PRADO BLVD.
1.4 CITY-ST-ZIP CORAL GABLES, FL 331462.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE VD ☒ Change ☒ Addition
3.2 NAME BINK SIME
3.3 STREET ADDRESS 505 LEUNGA AVE.
3.4 CITY-ST-ZIP CORAL GABLES, FL 331464.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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 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: Barbara J. Lapsley BARBARA J. LAPSLEY 1/15/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone # 0076221

CR2E037 (9/96)