1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 754945**

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

2. Principal Place of Business

Mailing Address

2a. Mailing Address

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

## **FILED** Mar 03, 1999 8:00 am § Secretary of State

03-03-1999 90056 035 \*\*\*\*61.25

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Date Incorporated or Qualifed

¬ '	26					10/31/1980				
1 Suite, Apt. #, etc.		Suite, Apt. #, etc.				4. FEI Number			pplied For	
<u> </u>	.,,	27	•			59-6153542		No	ot Applicable	
¬ '	City & State City & State					5. Certificate of Status Desired See Required				
Zip	Country	Zip	Cou	ntry		6. Election Campaign	Financing	\$5.00	May Be	
- r	25 29 30					Trust Fund Contribution Added to Fees			. 1	
9. Name and Address of Current Registered Agent						10. Name and Address	s of New Registered	Agent		
J.11.11				81	Name				ļ	
MCGROARTY, VICKI					Street Addre	es /P.O. Box Number is N	Int Accentable)			
6914 SW 114 PL				82	Sueer Addre	et Address (P.O. Box Number is Not Acceptable)				
#D				83						
#6 MIAMI FL 33173				0.4	Oth.			85 Zip	Code	
MIAMI FL 331/3				84	City		FL	_  65   21	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						,	DATE		\ <u></u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.					t signature required	when reinstating) ADDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTO	ORS IN 12	
	VD OFFICERS AND	DELETE 1.1		TI E	Do	resident Dia	ectric.	☐ Change	Addition	
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NAME	LAPSLEY, BARBARA				17/0	LY NO GIOAK	iry 41 m	iami c	× 22173	
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NAME	COLLIER, DAWN	•	4. 2 N	AME	176	eresprios 286 sw 10 te	, ·			
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NAME	JOSE, GAEL		5.2 N	AME	4	sp melellar	γ		ļ	
STREET ADDRESS	13445 SW 80TH ROAD		5.3 8	5.3 STREET ADDRESS		951 SW 196	DR. MIAN	11.863	33157	
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	certify that the information supplied with	this filing does not qualify fo	r the exe	moti	on stated in S	ection 119.07(3)(i), Florida	Statutes. I further ce	ertify that the	information	

Indicated on this annual report or supplied with this hing does not quality for the exemption stated in Section 119.07(3)(i), Fronda Statutes. I further certify that the informati 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, with all other like empowered.