


**- 2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 754945	
1. Entity 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 33134
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DO NOT WRITE IN THIS SPACE



01162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6153542	Applied For Not Applicable
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Signature of Current Registered Agent

LAPSLEY, BARBARA J
3727 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPSLEY, BARBARA J 3727 PONCE DE LEON BLVD CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAEFER, PAM 6370 SW 102 ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NOBLES, CAROL 10020 SW 82ND TER MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLACK, MARTHA 16720 SW 74TH AVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUAREZ, CARMEN 1314 MILAN AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHAEFER, SANDY 6370 SW 102 ST MIAMI, FL 33156

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barbara J. Lapsley **1-19-05** **305-446-5445**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #