

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90109 030 \*\*\*\*61.25

|  |  |   |  |  |   |
|--|--|---|--|--|---|
| <b>DOCUMENT # 754945</b><br>1. Entity Name<br><b>CORAL GABLES JUNIOR WOMAN'S CLUB FOUNDATION INC.</b>  |  |   |  |  |   |
| Principal Place of Business<br><b>C/O 1009 E. PONCE DE LEON BLVD.<br/>CORAL GABLES, FL 33134</b>   |  |   | Mailing Address<br><b>C/O 1009 E. PONCE DE LEON BLVD.<br/>CORAL GABLES, FL 33134</b> |  |   |
| 2. Principal Place of Business   |  | 3. Mailing Address  |  |  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  |   |
| City & State   |  | City & State  |  |  |   |
| Zip  | Country  | Zip   | Country  |  |   |
| 6. Name and Address of Current Registered Agent  |  |   |  | 7. Name and Address of New Registered Agent  |   |
| <b>LAPSLEY, BARBARA J</b><br><b>3727 PONCE DE LEON BLVD.</b><br><b>CORAL GABLES, FL 33134</b>  |  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |  |   |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |   |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |   |  |  |   |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>LAPSLEY, BARBARA J</b><br><b>3727 PONCE DE LEON BLVD</b><br><b>CORAL GABLES, FL 33134</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <b>TD</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD</b><br><b>SCHAEFER, PAM</b><br><b>6370 SW 102 ST</b><br><b>MIAMI, FL 33156</b>                     | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VPD</b><br><b>NOBLES, CAROL</b><br><b>10020 SW 82ND TER</b><br><b>MIAMI, FL 33173</b>                 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VPD</b><br><b>BLACK, MARTHA</b><br><b>16720 SW 74TH AVE</b><br><b>MIAMI, FL 33157</b>                 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <b>VPD</b><br><b>HAYNES, SUE</b><br><b>10925 S.W. 113TH PL., UNIT C</b><br><b>MIAMI, FL 33176</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TD</b><br><b>SUAREZ, CARMEN</b><br><b>1314 MILAN AVE</b><br><b>CORAL GABLES, FL 33134</b>             | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SD</b><br><b>SCHAEFER, SANDY</b><br><b>6370 SW 102 ST</b><br><b>MIAMI, FL 33156</b>                   | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <b>SD</b><br><b>TILSON-LEWIS, CECE</b><br><b>8115 S.W. 82 PL</b><br><b>MIAMI, FL 33143</b>   |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |  |   |  |  |   |
| <b>SIGNATURE:</b> <i>Barbara J Lapsley</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | <b>2-28-06</b><br><small>Date</small>  |  | <b>305-446-5445</b><br><small>Daytime Phone #</small> |