1/10/01 1/10/01-9

FILED
Mar 02, 2001 8:00 am
Secretary of State

01-10-2001 90008 030 ****61.25

DOCUMENT # N00000001230

Entity Name

WOMEN ARE WONDERFUL FOUNDATION, INC.

Principal Place of Business	Mailing Address
DR. ANN MOLIVER RUBEN 1899 Sirius Lane Weston, FL 33327 Phone: 1-954-217-5154	DR. ANN MOLIVER RUBEN 1899 Sirius Lane Weston, FL 33327 Phone: 1-954-217-5154

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

FEI Number 65-1000780 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DR. ANN MOLIVER RUBEN 1899 Sirius Lane Weston, FL 33327 Phone: 1-954-217-5154	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE Dr. Ann Moliver Ruben

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

OFFICERS AND DIRECTORS	10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
Dr. Ann Ruben – President 1899 Sirius Ln Weston, FL 33327-2215 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Ann & David Ruben D 1647 Island Way Weston, FL 33326 ☐ Change ☐ Addition
Fran Schmidt, D Peace Foundation 220 Palm Avenue Miami, FL 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Ms. Rita Hutner D 1351 Seagrape Circle Weston, FL 33326-2726 ☐ Change ☐ Addition
Phyllis Koss, MSW D 9481 N. W. 47th Terrace Miami, FL 33178	☐ Change ☐ Addition
Marcy & Richard Ruben D 11737 S. W. 107 Terrace Miami, FL 33186	☐ Change ☐ Addition

CR2E037 (10/00)

I 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 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: Dr. Ann Moliver Ruben 1/5/01 954-217-5154

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