

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90024 025 ****61.25

DOCUMENT # N00000001230

1. Entity Name

WOMEN ARE WONDERFUL FOUNDATION, INC.



Principal Place of Business

1899 SIRIUS LANE
WESTON FL 33327

Mailing Address

1899 SIRIUS LANE
WESTON FL 33327

2. Principal Place of Business

Dr. Ann Moliver Ruben
Women Are Wonderful
1899 Sirius Lane
Weston, FL 33327

3. Mailing Address

Suite, Apt. #, etc.
Dr. Ann Moliver Ruben
Women Are Wonderful
1899 Sirius Lane
Weston, FL 33327



MOORE CR2E037 (11/03)

City & State

City & State

4. FEI Number

65-1000780

Applied For
Not Applicable

Zip

Country

USA

Zip

Country

USA

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

RUBEN, ANN M

~~6948 CROWN GATE DRIVE~~
~~MIAMI LAKES FL 33014~~

Name

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

Dr. Ann Moliver Ruben
Women Are Wonderful
1899 Sirius Lane
Weston, FL 33327

City

FL

Zip Code

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: *Dr. Ann M. Ruben - President*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RUBEN, ANN	
STREET ADDRESS	1899 SIRIUS LANE	
CITY-ST-ZIP	WESTON FL 33327-2215	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDT, FRAN	
STREET ADDRESS	PEACE FOUNDATION, 220 PALM AVE	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOSS, PHYLLIS' MSW	
STREET ADDRESS	9481 NW 47TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUBEN, MARCY/RICHARD	
STREET ADDRESS	11737 SW 107TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUBEN, ANN/ DAVID	
STREET ADDRESS	1647 ISLAND WAY	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr. Ann Moliver Ruben, President	
STREET ADDRESS	Women Are Wonderful	
CITY-ST-ZIP	1899 Sirius Lane Weston, FL 33327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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* 1/22/04 954-217-5150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #