

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

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90154 021 \*\*\*\*70.00

**DOCUMENT # N00000005984**

1. Entity Name

**SOUTH FLORIDA CHAPTER OF WOMEN IN AVIATION,  
INTERNATIONAL, INC.**



Principal Place of Business

**4926 SW 32ND TERR  
FORT LAUDERDALE FL 33312**

Mailing Address

**4926 SW 32ND TERR  
FORT LAUDERDALE FL 33312**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**DANIA, FL**

City & State

**DANIA, FL**

Zip

**33312**

Country

**U.S.**

Zip

**33312**

Country

**U.S.**



MOORE CR2E037 (11/03)

4. FEI Number

**65-1049426**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BARRON, KRISTIN  
4100 SOUTHWEST 11TH TERRACE  
FORT LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent

Name

**HAZEL M. JONES**

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

**3925 ARTHUR STREET**

City

**HOLLYWOOD, FL**

Zip Code

**33021**

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

*Hazel M. Jones* **HAZEL M. JONES** **04/26/2004**

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

**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          | VD                                | <input type="checkbox"/> Delete |
| NAME           | MURRAY, REATHA                    |                                 |
| STREET ADDRESS | 4100 SOUTHWEST 11TH TERRACE       |                                 |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33315          |                                 |
| TITLE          | TD                                | <input type="checkbox"/> Delete |
| NAME           | BARRON, KRISTIN V                 |                                 |
| STREET ADDRESS | 4100 SOUTHWEST 11TH TERRACE       |                                 |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33315          |                                 |
| TITLE          | PD                                | <input type="checkbox"/> Delete |
| NAME           | JONES, HAZEL                      |                                 |
| STREET ADDRESS | 1050 LEE WAGENER BLVD., SUITE 201 |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL 33315           |                                 |
| TITLE          | SD                                | <input type="checkbox"/> Delete |
| NAME           | HILL, BETTY W                     |                                 |
| STREET ADDRESS | 4100 SOUTHWEST 11TH TERRACE       |                                 |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33315          |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| 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           |                        |  |
| STREET ADDRESS | 941 S.W. 150TH AVENUE  |  |
| CITY-ST-ZIP    | SUNRISE, FLORIDA 33326 |  |
| TITLE          |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |  |
| STREET ADDRESS | 4926 S.W. 32ND TERRACE |  |
| CITY-ST-ZIP    | DANIA, FL 33312        |  |
| TITLE          |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | JONES, HAZEL M.        |  |
| STREET ADDRESS | 3925 ARTHUR STREET     |  |
| CITY-ST-ZIP    | HOLLYWOOD, FL 33021    |  |
| TITLE          |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |  |
| STREET ADDRESS | 2801 MONROE STREET     |  |
| CITY-ST-ZIP    | HOLLYWOOD, FL 33020    |  |
| 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: *Hazel M. Jones* **HAZEL M. JONES** **04/26/04** **954-981-9636**

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

**PRESIDENT/DIRECTOR**