

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000005984

1. Entity Name
SOUTH FLORIDA CHAPTER OF WOMEN IN AVIATION,
INTERNATIONAL, INC.



Principal Place of Business
4926 SW 32ND TERR
DANIA, FL 33312 US

Mailing Address
4926 SW 32ND TERR
DANIA, FL 33312 US



01032005 No Chg-NP

CR2E037 (10/03)

4. FCI Number
65-1049426

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JONES, HAZEL M
3925 ARTHUR STREET
HOLLYWOOD, FL 33021

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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

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

NOTE: Registered Agent signature required when changing

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
VD
MURRAY, REATHA
941 S.W. 150TH AVENUE
SUNRISE, FL 33326

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TD
BARRON, KRISTIN V
4926 S.W. 32ND TERRACE
DANIA, FL 33312

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PD
JONES, HAZEL M
3925 ARTHUR STREET
HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
SD
HILL, BETTY W
2801 MONROE STREET
HOLLYWOOD, FL 33020

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

1000000200123
01/28/05-80013-018 61.25

DO NOT WRITE
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: *Kristin V. Barron*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05 (954)322-0481
Date Day/Time