

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00512 (6)
1. Corporation Name
DADE WOMEN'S WELFARE COALITION INCORPORATED



Principal Place of Business
**3300 NW 27TH AVENUE
ROOM 210
MIAMI FL 33142
US**

Mailing Address
**5770 MILLER ROAD
MIAMI FL 33155
US**

3. Date Incorporated or Qualified
12/21/1983

3a. Date of Last Report
07/10/1995

4. FEI Number
59-2357179

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETERSON, THOMAS K
5770 MILLER RD.
MIAMI FL 33155**

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	HARRIS, MAXINE	7445 SW 128TH CT.	MIAMI FL 33183	<input checked="" type="checkbox"/>
D	SCHUSTER, JENNIFER	9208 DAY DRIVE	SURFSIDE FL	<input checked="" type="checkbox"/>
D	PETERSEN, THOMAS K.	5770 MILLER RD.	MIAMI FL 33155	<input type="checkbox"/>
TD	STEPHERSON, JOHNNY	3300 NW 27TH AVENUE, ROOM 210	MIAMI FL	<input checked="" type="checkbox"/>
D	ARNOLDSON, SIGRID	1701 NW 30TH AVENUE	MIAMI FL	<input checked="" type="checkbox"/>
D	GIBSON-BYRNE, PAMELA	3300 NW 27TH AVENUE, ROOM 210	MIAMI FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	John Harcourt	1407 West Stassney Lane	Austin, Texas 78745	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	Samuel (Buddy) Streit	2419 Winthrop	Tallahassee, Florida 32312	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Dr. Michael Piercey, M.D.	1407 West Stassney Lane	Austin, Texas 78745	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Jayne Huggins	1795 Cedar Lane	Vero Beach, Florida 32963	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	Richard R. Hardin	1407 West Stassney Lane	Austin, Texas 78745	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Greg Herring	1407 West Stassney Lane	Austin, Texas 78745	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas K. Petersen, Director

2/20/96 (305) 638-6873

Daytime Phone #

CR2E037 (12/95)