FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIO
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DOCUMENT # N00797 (3)

1. Corporation Name

WOMEN'S CHAMBER OF COMMERCE OF SOUTH FLORIDA, IN C.

Principal Place of Business	Mailing Address
1399 SW FIRST AVE., 3RD FLR. MIAMI FL 33130	1399 SW FIRST AVE., 3RD FLR. MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1984
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2371670 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3625 N.W. 82nd AVENUE	26 3625 N.W. 82nd AVENUE
Suite, Apt. #, etc. 22 SUITE 401	Suite, Apt. #, etc. 27 SUITE 401
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip / Country 24 33166 / 25 USA	Zip / Country 29 33166 / 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMPSON, PATRICIA POPHAM, HAIK, SCHNOBRICK 100 SE 2ND ST 4100 CENTRUST FIN. CNTR. MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LEFEUR, PHYLLIS	1.2 NAME	LINDA L KNUDSEN	
STREET ADDRESS	12764 N KENDALL DR	1.3 STREET ADDRESS	6200 S.W. 73rd STREET	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33143	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	KNUDSEN, LINDA	2.2 NAME	JODY ROWE-STALEY	
STREET ADDRESS	4001 NW 97TH AVE.	2.3 STREET ADDRESS	3734 MATHESON AVENUE	
CITY-ST-ZIP	MIAMI FL 33178	2.4 CITY-ST-ZIP	COCONUT GROVE, FLORIDA 33133	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	BRENNER, ARLENE	3.2 NAME	DOROTHY JOHNSON	
STREET ADDRESS	815 N W 57 AVE	3.3 STREET ADDRESS	2897 S.W. 69th COURT	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33155	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	CALLOWAY, GWENDOLYN	4.2 NAME	GWEN CALLOWAY	
STREET ADDRESS	16621 SW 104TH AVE	4.3 STREET ADDRESS	11706 S.W. 132nd PLACE	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33186	
TITLE	TD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	SUAREZ, CELIA	5.2 NAME	SHERRY J. ROTHFIELD	
STREET ADDRESS	8009 NW 36ST #230	5.3 STREET ADDRESS	1021 N. VENETIAN DRIVE	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FLORIDA 33139	
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JOANN	6.2 NAME		
STREET ADDRESS	815 NW 57 AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126	6.4 CITY-ST-ZIP		

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)(i), 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: Sherry J. Rothfield — 4-6-95 — (305)579-9125
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
SHERRY J. ROTHFIELD

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