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 # N00797 (3)

1. Corporation Name

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

Principal Place of Business	Mailing Address
3625 NW 82ND AVENUE SUITE 401 MIAMI FL 33166 US	3625 NW 82ND AVENUE SUITE 401 MIAMI FL 33166 US

3. Date Incorporated or Qualified: 01/09/1984

3a. Date of Last Report: 04/11/1995

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: 59-2371670 ☐ 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

9. Name and Address of Current Registered Agent

THOMPSON, PATRICIA
POPHAM, HAIK, SCHNOBRICK
100 SE 2ND ST 4100 CENTRUST FIN. CNTR.
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 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 _____ 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	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KNUDSEN, LINDA L		1.2 NAME	ROWE-STALEY, JODY	
STREET ADDRESS	6200 SW 73RD STREET		1.3 STREET ADDRESS	3734 MATHESON AVENUE	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	ROWE-STALEY, JODY		2.2 NAME	RENO, DONNA J.	
STREET ADDRESS	3734 MATHESON AVENUE		2.3 STREET ADDRESS	2111 ROBLES STREET	
CITY-ST-ZIP	COCONUT GROVE FL		2.4 CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	JOHNSON, DOROTHY		3.2 NAME	CARLUCCI, JO ANNE	
STREET ADDRESS	2897 SW 69TH COURT		3.3 STREET ADDRESS	17777 OLD CUTLER ROAD	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CALLOWAY, GWEN		4.2 NAME		
STREET ADDRESS	11706 SW 132ND PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROTHFIELD, SHERRY J		5.2 NAME		
STREET ADDRESS	1021 N VENETIAN DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	SMITH, JOANN		6.2 NAME	JUDITH BUCHER	
STREET ADDRESS	815 NW 57 AVE		6.3 STREET ADDRESS	12515 N. KENDALL DRIVE, #416	
CITY-ST-ZIP	MIAMI FL 33126		6.4 CITY-ST-ZIP	MIAMI FL	

CR2E037 (12/95)

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: Sherry J. Rothfield SHERRY J. ROTHFIELD 4-1-96 (305) 579-9125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #