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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00797**
1. Corporation Name
Women's Chamber of Commerce of South Florida, Inc.

Principal Place of Business 3625 NW 82nd Ave Suite 401 Miami, FL 33166 US	Mailing Address 3625 NW 82nd Ave Suite 401 Miami, FL 33166 US
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3. Date Incorporated or Qualified 01/09/1984	3a. Date of Last Report 04/01/96
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	

2. Principal Place of Business 21 8362 Pines Blvd Suite, Apt. #, etc. 22 Suite 247 City & State 23 Pembroke Pines FL Zip Country 24 33024 25 US	2a. Mailing Address 26 8362 Pines Blvd Suite, Apt. #, etc. 27 Suite 247 City & State 28 Pembroke Pines FL Zip Country 29 33024 30 US
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9. Name and Address of Current Registered Agent Thompson, Patricia Popham, Haik, Schnobrich 100 SE 2nd Street, 4100 Centrust Fin. Bldg. Miami, FL 33131	10. Name and Address of New Registered Agent 81 Name Reno, Donna J. 82 Street Address (P.O. Box Number is Not Acceptable) 2645 S. Bayshore Dr. 83 #904 84 City Coconut Grove FL 85 Zip Code 33133
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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 617.0603, Florida Statutes.

SIGNATURE **Donna J. Reno, President Women's Chamber** 5/10/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☒ DELETE	1.1 TITLE PD	☒ Change ☐ Addition
NAME Rowe - Staley, Jody		1.2 NAME Reno, Donna J.	
STREET ADDRESS 3754 Matheson Avenue		1.3 STREET ADDRESS 2645 S. Bayshore Dr. #904	
CITY-ST-ZIP Coconut Grove, FL		1.4 CITY-ST-ZIP Coconut Grove FL 33133	
TITLE VD	☒ DELETE	2.1 TITLE VD	☒ Change ☐ Addition
NAME Reno, Donna J.		2.2 NAME Kielman, Alyce	
STREET ADDRESS Coconut Grove, FL		2.3 STREET ADDRESS 15032 S.W. 96 Terr.	
CITY-ST-ZIP Coconut Grove, FL		2.4 CITY-ST-ZIP Miami, FL 33196	
TITLE SD	☒ DELETE	3.1 TITLE SD	☒ Change ☐ Addition
NAME Carlucci, Jo Anne		3.2 NAME Chapman, Nikki	
STREET ADDRESS 17777 Old Cutler Road		3.3 STREET ADDRESS 9200 S. Dade Blvd. #820	
CITY-ST-ZIP Miami, FL		3.4 CITY-ST-ZIP Miami, FL 33156	
TITLE TD	☒ DELETE	4.1 TITLE TD	☒ Change ☐ Addition
NAME Rothfield, Sherry J		4.2 NAME Lonnelle Garcia Kat	
STREET ADDRESS 1021 N. Venetian Drive		4.3 STREET ADDRESS 8401 SW 92 Str.	
CITY-ST-ZIP Miami, FL		4.4 CITY-ST-ZIP Miami, FL 33156	
TITLE VD	☒ DELETE	5.1 TITLE VD	☒ Change ☐ Addition
NAME Bucher, Judith		5.2 NAME Reilly, Kate	
STREET ADDRESS 12515 N. Kendall Drive, #416		5.3 STREET ADDRESS 100 S.E. 2nd Str.	
CITY-ST-ZIP Miami, FL		5.4 CITY-ST-ZIP Miami, FL 33131	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: **Donna J. Reno** 5/10/97 305-860-6763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)