## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 19, 2004 8:00 am Secretary of State DOCUMENT # N01000006215 1. Entity Name 04-19-2004 90246 024 \*\*\*\*61.25 SOUTH FLORIDA GENDER COALITION INC. Principal Place of Business Mailing Address 3233 NW 34 COURT FORT LAUDERDALE FL 33309 3233 NW 34 COURT LAUDERDALE LAKES FL 33309 2. Principal Place of Business 3. Mailing Address 8370 NW 26 SK 370 NW 26 54 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State Applied For City & State SUNKISE 4. FEI Number 30-0028414 SUNRISE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired BROWARD Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRiedman DUCHARME, YVETTE E 3233 NW 34 COURT FORT LAUDERDALE FL 33309 City Sun Rise. 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. Debra J. Friedman FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete Addition Debra J. Friedman ROWER, DENISE NAME NAME 8370 N.W. 26 5f. P.O. BOX 771612 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33077 CITY-ST-7IE CITY-ST-ZIP sunrise. Florida ADD RESS Change ☐ Addition TITLE ☐ Delete TITLE STEIN, GLORIA GLORIX NAME NAME 3233 NW-34TH COURT STREET ADDRESS STREET ADDRESS 8370 NW 26 SX LAUDERDALE LAKES FL-23309 CITY-ST-ZIP CITY-ST-ZIP SUNRISE Detete -TITLE--Change : - Addition TITLE DUCHARME, YVETTE E NAME NAME ATRICIA 3233 NW 34TH COURT STREET ADDRESS STREET ADDRESS LAUDERDALE LAKES FL 33309 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I 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 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.

FILED