

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 06, 2003 8:00 am
Secretary of State

0006623

DOCUMENT # N01000006215

1. Entity Name

SOUTH FLORIDA GENDER COALITION INC.



08-06-2003 90056 040 ****61.25

04-10-2003 90161 024 ****70.00

Principal Place of Business

**2018 NW 48TH AVE
COCONUT CREEK FL 33063**

Mailing Address

**3233 NW 34 COURT
LAUDERDALE LAKES FL 33309**

2. Principal Place of Business

3233 NW 34 COURT

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKE, FL

City & State

4. FEI Number **30-0028414**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WITTMAN, DONALD

2018 NW 48TH AVE

COCONUT CREEK FL 33063

7. Name and Address of New Registered Agent

Name **YVETTE E DUCHARME**

Street Address (P.O. Box Number is Not Acceptable)

3233 NW 34 COURT

City

LAUDERDALE LAKES FL

Zip Code

33309

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.

SIGNATURE

YVETTE E. DUCHARME *Yvette E Ducharme*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WITTMAN, DONALD	
STREET ADDRESS	2018 NW 48TH AVE	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEIN, GLORIA	
STREET ADDRESS	3233 NW 34TH COURT	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUCHARME, YVETTE E	
STREET ADDRESS	3233 NW 34TH COURT	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENISE ROWER	
STREET ADDRESS	PO BOX 771612	
CITY-ST-ZIP	CORAL SPRINGS FL 33077	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Yvette E Ducharme **YVETTE E DUCHARME** **08/02/03** **954-357-8229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)