

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2004 8:00 am**  
**Secretary of State**

07-20-2004 90001 050 \*\*\*\*75.00

<b>DOCUMENT # N02000004368</b> 1. Entity Name <b>REPUBLICAN WOMEN POLITICAL ACTION, INC.</b>			
Principal Place of Business <b>11631 NW 7TH AVENUE SUITE B MIAMI, FL 33168</b>		Mailing Address <b>11631 NW 7TH AVENUE SUITE B MIAMI, FL 33168</b>	
2. Principal Place of Business <b>11631 NW 7 AVE</b> Suite, Apt. #, etc. <b>Suite B</b>		3. Mailing Address <b>Same as #2</b> Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State	
Zip <b>33168</b>	Country <b>U.S.A.</b>	Zip	Country
4. H-I Number <b>30-0084695</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANTOINE, YOLETTE REV. change</b> <b>3637 SW 175 AVE</b> <b>MIRAMAR, FL 33029</b>		7. Name and Address of New Registered Agent Name <b>J.C. PETER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1305 NW 203 STR.</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33168</b>	
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 <b>J.C. Peter J.C. PETER</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>June 29, 2004</b>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ANTOINE, YOLETTE REV.</b> <input type="checkbox"/> Delete <b>1305 NW 7TH AVENUE</b> <b>MIAMI, FL 33169</b>	TITLE <b>MD</b> NAME <b>MARIE M. JEAN-JACQUES</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS <b>60 NW 121 STR.</b> CITY-ST-ZIP <b>MIAMI, FL 33168</b>	CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BARBARA WHITE DE LACRUZ</b> <input type="checkbox"/> Delete <b>17050 NW 19 AVENUE</b> <b>MIAMI, FL 33053</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MAHANEY, R A</b> <input type="checkbox"/> Delete <b>1635 WINDY PINES DRIVE</b> <b>NAPLES, FL 34116</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>CHAPIESKY, LISA</b> <input type="checkbox"/> Delete <b>12555 NW 1 AVE</b> <b>MIAMI, FL 33168</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>CHARLES, SANTA</b> <input type="checkbox"/> Delete <b>1155 NW 125 STREET</b> <b>MIAMI, FL 33168</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Rev. Yvette Antoine, PD</b> <b>6/29/04</b> <b>(305) 685-6668</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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