

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N03452

1. Entity Name
**AMERICAN WOMAN'S SOCIETY OF CERTIFIED PUBLIC
ACCOUNTANTS OF SOUTH FLORIDA, INC.**



Principal Place of Business
**C/O JILL F. ANDRON
10205 CARACAS STREET
COOPER CITY, FL 33026**

Mailing Address
**C/O JILL F. ANDRON
10205 CARACAS STREET
COOPER CITY, FL 33026**



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2468087

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ANDRON, JILL F
10205 CARACAS STREET
COOPER CITY, FL 33026**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ANDRON, JILL F 10205 CARACAS ST. COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MACKEY, BONNIE L 2699 STIRLING RD., B-205 HOLLYWOOD, FL 333126543
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PETRONIO, LISA 450 E. LAS OLAS BLVD. #950 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/14/04-80010-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Bonnie Mackey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **954-985-8808**

1/8/04