


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90107 047 \*\*\*\*61.25

<b>DOCUMENT # N03452</b>					
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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2468087	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANDRON, JILL F 10205 CARACAS STREET COOPER CITY, FL 33026			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDRON, JILL F		NAME	Ivy Lynn Defino	
STREET ADDRESS	10205 CARACAS ST.		STREET ADDRESS	15921 Cobblestone Ct.	
CITY-ST-ZIP	COOPER CITY, FL 33026		CITY-ST-ZIP	Davie, FL 33331	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKEY, BONNIE L		NAME		
STREET ADDRESS	2699 STIRLING RD., B-205		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 333126543		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETRONIO, LISA		NAME	Sandra J Weiner	
STREET ADDRESS	450 E. LAS OLAS BLVD. #950		STREET ADDRESS	<del>6511 N</del> 10130 NW 5 Street	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP	Plantation, FL 33324	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: <i>Sandra J Weiner</i> Sandra J. Weiner		Date: 2/15/06		Daytime Phone #: 954-476-0839	

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