

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90080 008 ****70.00

DOCUMENT # N04000001783 1. Entity Name MIAMI WOMEN'S RUGBY FOOTBALL CLUB, INC.						
Principal Place of Business 130 CAMERON CT WESTON, FL 33326			Mailing Address 130 CAMERON CT WESTON, FL 33326			
2. Principal Place of Business Suite, Apt. #, etc. 1150 SW 14th St. Apt 224			3. Mailing Address Suite, Apt. #, etc. 1150 SW 14th St Apt 224			
City & State Miami FL			City & State Miami FL			
Zip 33174		Country USA		4. FEI Number 01072005 Chg-NP CR2E037 (10/03)		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable				
6. Name and Address of Current Registered Agent RAMIREZ, KRISTINE MARIE 130 CAMERON CT WESTON, FL 33326			7. Name and Address of New Registered Agent Name Geraldine Terc Street Address (P.O. Box Number is Not Acceptable) 1150 SW 14th St Apt 224 City Miami FL Zip Code 33174			
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 Geraldine Terc (T) Feb 24. 05 <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, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P RAMIREZ, KRISTINE MARIE 130 CAMERON CT WESTON, FL 33326	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mendoza Michelle 11507 SW 64 th St. Apt B Miami FL 33173	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEATH, JENNIFER 1865 KENNEDY CSWY, APT 11F N BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 1150 SW 14 th St Apt Miami FL 33174	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENDOZA, MICHELLE 11507 SW 64TH ST, APT B MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Geraldine Terc 1150 SW 14 th St Apt 224 Miami FL 33174	<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
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
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: Geraldine Terc <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Feb. 24. 05 306.610.3667 <small>Date Daytime Phone #</small>		