

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008921

FILED
Sep 02, 2006
Secretary of State

Entity Name: NATIONAL WOMEN OF ACHIEVEMENT INC., MIAMI GARDENS CHAPTER

Current Principal Place of Business:

1126 YORK STREET
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

1126 YORK STREET
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LYNN, RITA
1126 YORK STREET
OPA LOCKA, FL 33054 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMAS, DIANN
Address: 2210 NW 171 TERRACE
City-St-Zip: MIAMI, FL 33056

Title: VP () Delete
Name: LEE, PARNICE
Address: 2151 NW 86 STREET
City-St-Zip: MIAMI, FL 33147

Title: VP () Delete
Name: FREDERICK, SANDRA
Address: 1190 NW 179 TER.
City-St-Zip: MIAMI, FL 33169

Title: S () Delete
Name: LYNN, RITA
Address: 1126 YORK STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: T () Delete
Name: CROSLIN, BEVERLY
Address: 981 NW 201 STREET
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FREDRICK, SANDRA
Address: 1190 NW 179 TER
City-St-Zip: MIAMI, FL 33169

Title: VP (X) Change () Addition
Name: LYNN, RITA
Address: 1126 YORK ST
City-St-Zip: OPA LOCKA, FL 33054

Title: S (X) Change () Addition
Name: SIMPSON, RHONDA
Address: 20830 NW 29 CT
City-St-Zip: MIAMI, FL 33056

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RITA LYNN

VP

09/02/2006

Electronic Signature of Signing Officer or Director

Date