2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2009
Secretary of State

DOCUMENT# N07000006657

Entity Name: INSURANCE WOMEN OF MIAMI INC

Current Principal Place of Business:

3000 W CYPRESS CREEK RD
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

PO BOX 492141
FT LAUDERDALE, FL 33349

New Mailing Address:

FEI Number: 59-6150775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

PETERSON, MARILYN J
3000 W. CYPRESS CREEK RD
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: SHAFER, TARA
Address: PO BOX 492141
City-St-Zip: FT LAUDERDALE, FL 33349

Title: VP ( ) Delete
Name: BAJOR, URSULA
Address: PO BOX 492141
City-St-Zip: FT LAUDERDALE, FL 33349

Title: S ( ) Delete
Name: MYERS, SHARON R
Address: PO BOX 492141
City-St-Zip: FT LAUDERDALE, FL 33349

Title: T ( ) Delete
Name: PAGE, DENISE
Address: PO BOX 492141
City-St-Zip: FT LAUDERDALE, FL 33349

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: BAKER, CARY M
Address: PO BOX 492141
City-St-Zip: FT LAUDERDALE, FL 33349

Title: S (X) Change ( ) Addition
Name: BRUNEZ, SUSAN
Address: PO BOX 492141
City-St-Zip: FT LAUDERDALE, FL 33349

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

Title: D ( ) Change (X) Addition
Name: PETERSON, MARILYN J
Address: PO BOX 492141
City-St-Zip: FT LAUDERDALE, FL 33349

I hereby certify that the information supplied with this filing does not qualify 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: MARILYN J PETERSON D 06/28/2009
Electronic Signature of Signing Officer or Director — Date