FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N15378** **(5)**

1. Corporation Name

COMMUNITY COALITION FOR WOMEN'S HISTORY, INC.

Principal Place of Business	Mailing Address
351 NW 5TH ST. MIAMI FL 33128	351 NW 5TH ST. MIAMI FL 33128

3. Date Incorporated or Qualified: 06/12/1986
3a. Date of Last Report: 06/21/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22: Same
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: 59-2710059 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BELOTE, GLENDA
9915 SW 134TH CT.
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: EVELYN S. SHEA
82 Street Address (P.O. Box Number Is Not Acceptable)
83: 10107 S. W. 134 PLACE
84 City: MIAMI **FL** 85 Zip Code: 33186

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0500, Florida Statutes.

SIGNATURE: Evelyn S. Shea — Feb. 1, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHEA, EVELYN 10107 SW 134TH PLACE MIAMI FL 33186	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director Bonnie Askowitz 12101 S. W. 93 Ave. Miami, Fl. 33176	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD POPE, SUZETTE 3925 NW 4TH TERRACE MIAMI FL 33126	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director Ruth Braddock 7801 S. W. 134 Street Miami, Fl. 33156	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TEITELBAUM, PHYLLIS 9622 SW 69TH PLACE MIAMI FL 33156	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Director Teresa Gavalda 150 E. 1 Ave., # 1203 Hialeah, Fl. 887-9017	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GUILLEN ANA Magda 250 CATALONIA AVE #400 CORAL GABLES FL 33134	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director Donna Gehrke 9870 S. W. 159 Street Miami, Fl. 33157	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAYNOR, ELIZABETH 2600 S. BAYSHIRE DRIVE MIAMI FL 33133	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Director Vernay Pratt Jones 1218 N. W. 57 Street Miami, Fl., 33142	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, EUGENIA 1110 NW 41ST ST. MIAMI FL 33127	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Director Phyllis Miller 5660 Collins Ave., Apt. 18C Miami Beach, Fl. 33140	☐ Change ☑ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Evelyn S. Shea, President — Feb. 1, 1994 — (305) 385-1107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #