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Feb 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

351 NW 5TH ST.
MIAMI FL 33128

Mailing Address

351 NW 5TH ST.
MIAMI FL 33128-1615

3. Date Incorporated or Qualified
06/12/1986

3a. Date of Last Report
02/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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

SHEA, EVELYN S.
10107 SW 134 PLACE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name
SUZETTE POPE
82 Street Address (P.O. Box Number is Not Acceptable)
3925 NW 4TH
83
84 City
MIAMI FL
85 Zip Code
33124

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 617.0503, Florida Statutes.

SIGNATURE

Suzette Pope

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	SHEA, EVELYN	
STREET ADDRESS	10107 SW 134TH PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	☐ DELETE
NAME	POPE, SUZETTE	
STREET ADDRESS	3925 NW 4TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	SD	☒ DELETE
NAME	TEITELBAUM, PHYLLIS	
STREET ADDRESS	9822 SW 69TH PLACE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	TD	☐ DELETE
NAME	QUILLERY, ANA M	
STREET ADDRESS	250 CATALONIA AVE #400	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	☐ DELETE
NAME	KAYNOR, ELIZABETH	
STREET ADDRESS	2600 S. BAYSHIRE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	☐ DELETE
NAME	THOMAS, EUGENIA	
STREET ADDRESS	1110 NW 41ST ST.	
CITY-ST-ZIP	MIAMI FL 33127	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	POPE SUZETTE	President	☒ Change ☐ Addition
1.2 NAME	3925 NW 4TH		
1.3 STREET ADDRESS	MIAMI FL 33126		
1.4 CITY-ST-ZIP			
2.1 TITLE	VICE PRES		☐ Change ☒ Addition
2.2 NAME	RUTH BRADDOCK.		
2.3 STREET ADDRESS	7801 SW 134ST		
2.4 CITY-ST-ZIP	MIAMI FL 33156		
3.1 TITLE	Sec		☐ Change ☐ Addition
3.2 NAME	TERESA GAVALDA		
3.3 STREET ADDRESS	7440 MIAMI LAKES DR APT F-20		
3.4 CITY-ST-ZIP	MIAMI LAKES FL 33014		
4.1 TITLE			☐ Change ☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			☐ Change ☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			☐ Change ☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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.

CR2E037 (9/96)