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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15378

1. Corporation Name
**COMMUNITY COALITION FOR WOMEN'S HISTORY, INC.**

140763 - 90242 - 31

| Principal Place of Business | Mailing Address |
|---|---|
| 351 NW 5TH ST.<br>MIAMI FL 33128 | 351 NW 5TH ST.<br>MIAMI FL 33128 |

2. Principal Place of Business
21: 7440 Miami Lakes Dr
22 Suite, Apt. #, etc.: F 210
23 City & State: Mizmi Lakes Fl
24 Zip: 33014 25 Country: Dade

Mailing Address
26: same
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: 30 Country:

3. Date Incorporated or Qualifed: 06/12/1986

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

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

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

9. Name and Address of Current Registered Agent

~~POPE, SUZETTE~~
~~3925 NW 4 TERR~~
~~MIAMI FL 33126~~

10. Name and Address of New Registered Agent

81 Name: TERESA GAVALDA
82 Street Address (P.O. Box Number is Not Acceptable): 7440 MIAMI LAKES DR # F 210
83:
84 City: Mizmi Lakes FL 85 Zip Code: 33014

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: X [signature] 05/07/99
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 | P<br>POPE, SUZETTE<br>3925 NW 4 TERR<br>MIAMI FL | ☑ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | Teresa Gavalda<br>7440 Mizmi Lakes Dr # F 210<br>Mizmi Lakes Fl 33014 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>POPE, SUZETTE<br>3925 NW 4TH TERRACE<br>MIAMI FL 33126 | ☑ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>BRADDOCK, RUTH<br>7801 SW 134ST<br>MIAMI FL | ☑ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GUILLERN, ANA M.<br>250 CATALONIA AVE #400<br>CORAL GABLES FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | same | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KAYNOR, ELIZABETH<br>2600 S. BAYSHIRE DRIVE<br>MIAMI FL 33133 | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | same | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>THOMAS, EUGENIA<br>1110 NW 41ST ST.<br>MIAMI FL 33127 | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | same | ☐ Change ☐ Addition |

CR2E037 (11/98)

14. 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 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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED [signature] 2/5/99 305-444-2423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #