

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90207 029 ****61.25

DOCUMENT # N15378					
1. Entity Name WOMEN'S HISTORY COALITION OF MIAMI-DADE COUNTY, INC.					
Principal Place of Business 12301 SW 62 AVENUE MIAMI, FL 33156			Mailing Address P.O. BOX 565307 MIAMI, FL 33156		
2. Principal Place of Business 12420 SW 112 Ave		3. Mailing Address P.O. Box 565307			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02232005 Chg-NP CR2E037 (10/03)	
City & State MIAMI		City & State MIAMI		4. FEI Number 59-2710059	
Zip 33176		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANDALL, SUSAN 12301 SW 62 AVENUE MIAMI, FL 33156			7. Name and Address of New Registered Agent Name MARGARET SLAMA Street Address (P.O. Box Number is Not Acceptable) 12420 SW 112 Avenue City MIAMI FL Zip Code 33176		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Margaret Slama</u> <u>2-24-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE S NAME KREIGER, ARLENE STREET ADDRESS 11344 S.W. 112 CIRCLE LANE SOUTH CITY-ST-ZIP MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete		TITLE S NAME RHODA SHIRLEY STREET ADDRESS 10561 SW 207 TERR CITY-ST-ZIP MIAMI, FL 33189	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME VOLKER, MARILYN K. ED. D. STREET ADDRESS 1111 VENETIA AVE. CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE PRESIDENT NAME VOLKER, MARILYN K. ED. D. STREET ADDRESS 1111 VENETIA AVE CITY-ST-ZIP CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME WEST, SHIRLEY M ED. D. STREET ADDRESS 7661 S.W. 53 PLACE CITY-ST-ZIP MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete		TITLE TREASURER NAME MARGARET SLAMA STREET ADDRESS 12420 SW 112 AVE CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME CREED, GYLIAN STREET ADDRESS 240 CRANDON BLVD ST. 204 CITY-ST-ZIP KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME MCGUIRE, HELEN STREET ADDRESS 134 S.E. 11TH PLACE CITY-ST-ZIP HOMESTEAD, FL 33035	<input type="checkbox"/> Delete		TITLE PAST President NAME MCGUIRE HELEN STREET ADDRESS 134 S.E. 11th PLACE CITY-ST-ZIP HOMESTEAD, FL 33035	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Margaret Slama</u> <u>2-24-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					