2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2006
Secretary of State

DOCUMENT# N15378

Entity Name: WOMEN'S HISTORY COALITION OF MIAMI-DADE COUNTY, INC.

Current Principal Place of Business:

12420 SW 112 AVE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 565307
MIAMI, FL 33156

New Mailing Address:

P.O. BOX 565307
MIAMI, FL 33256

FEI Number: 59-2710059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLAMA, MARGARET
12420 SW 112 AVENUE
MIAMI, FL 33176 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: S ( ) Delete
Name: RHODA, SHIRLEY
Address: 10561 SW 207 TERR
City-St-Zip: MIAMI, FL 33189

Title: P ( ) Delete
Name: VOLKER, MARILYN K ED. D.
Address: 1111 VENETIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: T ( ) Delete
Name: SLAMA, MARGARET
Address: 12420 SW 112 AVE
City-St-Zip: MIAMI, FL 33176

Title: S ( ) Delete
Name: CREED, GYLIAN
Address: 240 CRANDON BLVD ST. 204
City-St-Zip: KEY BISCAYNE, FL 33149

Title: PP ( ) Delete
Name: MCGUIRE, HELEN
Address: 134 SE 11TH PLACE
City-St-Zip: HOMESTEAD, FL 33035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PP (X) Change ( ) Addition
Name: VOLKER, MARILYN K ED. D.
Address: 1111 VENETIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: P (X) Change ( ) Addition
Name: SLAMA, MARGARET
Address: 12420 SW 112 AVE
City-St-Zip: MIAMI, FL 33176

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

Title: T (X) Change ( ) Addition
Name: SLAMA, JENNIFER
Address: 12420 SW 112 AVENUE
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARET SLAMA P 01/16/2006

Electronic Signature of Signing Officer or Director — Date