

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15378

FILED  
Apr 03, 2008  
Secretary of State

**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 33256

**New Mailing Address:**

**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: KOCH, FRANCENA  
Address: 10850 SW 164 ST.  
City-St-Zip: MIAMI, FL 33157

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: GRAFTON, MARTY  
Address: 3611 POINCIANA AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: P (X) Change ( ) Addition  
Name: KAPLAN, BETSY  
Address: 2 GROVE ISLE BLVD #1603  
City-St-Zip: MIAMI, FL 33133

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

I hereby certify that the information supplied with this filing does not qualify 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

TR

04/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date