

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90025 001 ****70.00

DOCUMENT # N22634

1. Entity Name
THE WOMEN'S COMMITTEE, INC.



Principal Place of Business
**BIG BROTHERS/BIG SISTER & MENTORING RES.
701 S.W. 27TH AVENUE, STE. 800
MIAMI, FL 33135**

Mailing Address
**BIG BROTHERS/BIG SISTER & MENTORING RES.
701 S.W. 27TH AVENUE, STE. 800
MIAMI, FL 33135**

50000750



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2851792

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUNIZ, LYDIA I
700 SW 27TH AVE.
800
MIAMI, FL 33135**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
NAME
STREET ADDRESS
CITY-STATE-ZIP
**1VP
CARMICHAEL, JEAN-NE
1881 WASHINGTON AVENUE, PH
MIAMI BEACH, FL 33139** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DALEY, JILL
1441 BELLA VISTA AVENUE
CORAL GABLES, FL 33155** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Past President ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**2VP
CHIN, CAROL
8204 SW 176TH TERRACE
MIAMI, FL 33157** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**Co. President
Adrienne Tober
1420 W. 22nd Street
Miami, FL 33140** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**NOSICH, HEIDI
4501 SAN AMARO DRIVE
CORAL GABLES, FL 33146** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Co. President ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**TREA
JANTZEN, JANE
606 LAGORCE DRIVE
MIAMI BEACH, FL 33140** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**Treasurer
Lisa Tenn
8940 SW 170th Street
Miami, FL 33157** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**CSEC
SIGSBEE, LINDA
888 BRICKELL KEY DRIVE, APT. 1711
MIAMI, FL 33131** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**Secretary
Michelle Rosen
7240 SW 60th Street
Miami, FL 33143** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #