FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 16 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23435 (3)

1. Corporation Name

EAL PILOTS WIVES CLUB OF MIAMI, INC.

Principal Place of Business	Mailing Address
9735 SW 138 STREET MIAMI FL 33176	9735 SW 138 STREET MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1987
3a. Date of Last Report: 01/25/1994
4. FEI Number: 23-7225275 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MILLS, ELAINE
9735 SW 138 STREET
MIAMI FL 33176

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	(P) (D) ☒ Change ☐ Addition
NAME	FOSTER, MARIE	1.2 NAME	DUNLAP, PATRICA
STREET ADDRESS	8102 SW 81 CT.	1.3 STREET ADDRESS	14028 SW 83 PL
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33158-1402 (D)
TITLE	S	2.1 TITLE	(D) ☐ Change ☐ Addition
NAME	GILBERT, MARY	2.2 NAME	GILBERT, MARY
STREET ADDRESS	416 E RIDGE VILLAGE DR	2.3 STREET ADDRESS	416 E. RIDGE VILLAGE DR
CITY-ST-ZIP	MIAMI FL OK	2.4 CITY-ST-ZIP	MIAMI FL 331 (D)
TITLE	PD	3.1 TITLE	(VP) (D) ☒ Change ☐ Addition
NAME	JAHN, LYDIA	3.2 NAME	STEVENS, MARY
STREET ADDRESS	7520 SW 175 STREET	3.3 STREET ADDRESS	8265 SW 133 ST
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 331 (D)
TITLE	TD	4.1 TITLE	(D) ☐ Change ☐ Addition
NAME	MILLS, ELAINE	4.2 NAME	MILLS, ELAINE
STREET ADDRESS	9735 SW 138 STREET	4.3 STREET ADDRESS	9735 SW 138 ST
CITY-ST-ZIP	MIAMI FL OK	4.4 CITY-ST-ZIP	MIAMI FL 33176 (D)
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Elaine Mills 3/17/95 305-235-3036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ELAINE MILLS

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