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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **N29179** (1)

1. Corporation Name
MIAMI LAKES WOMAN'S CLUB, INC.

Principal Place of Business Mailing Address
P.O. BOX 5054 MIAMI LAKES FL 33014 **P.O. BOX 5054 MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/07/1988 | 3a. Date of Last Report 05/01/1994 |
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

| | | | |
|--|--|---|-----------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of Now Registered Agent | |
| HEYDEL, AUDREY 6825 NW 169 ST, A MIAMI LAKES FL 33015 | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | FL |
| | | 85 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 re-registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEYDEL, AUDREY | 1.2 NAME | |
| STREET ADDRESS | 6825 NW 169 ST, A | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI LAKES FL | 1.4 CITY - ST - ZIP | |
| TITLE | DT | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GONZALEZ, NAOMA <i>MARY R. LILLY</i> | 2.2 NAME | |
| STREET ADDRESS | 14925 TABEBULA LANE <i>6774 PARKINSONIA DR.</i> | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI LAKES FL <i>MIAMI LAKES, FL</i> | 2.4 CITY - ST - ZIP | |
| TITLE | DV | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERNER, MARY F | 3.2 NAME | |
| STREET ADDRESS | 15525 MIAMI LAKEWAY N, 108 | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI LAKES FL | 3.4 CITY - ST - ZIP | |
| TITLE | DVP | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOVELL, RUTH | 4.2 NAME | |
| STREET ADDRESS | 16021 ABERDEEN WAY | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI LAKES FL | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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)(e), 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: *Audrey Heydel* **Audrey Heydel** **3/19/95** **305-821-6133**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Telephone Number