

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N29179 (1)

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



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

3. Date Incorporated or Qualified: **11/07/1988**
3a. Date of Last Report: **03/27/1995**

| | | | | | | |
|----|--------------------------------|----|---------------------|----|--|---|
| 21 | 2. Principal Place of Business | 2a | Mailing Address | 4. | FEI Number | Applied For |
| | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | NOT APPLICABLE | Not Applicable |
| 22 | City & State | 27 | City & State | 5. | Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Country | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | | | | | | |
|---|--|--|--|--|--|----|--------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New 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 | City | | |
| | | | | 84 | FL | 85 | Zip Code |
| | | | | | | | 33014 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Audrey Heydel* *Candrey Heydel* DATE: **3/18/96**

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|----------------------------|--|--------------------|---|--|-----------------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | DP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | HEYDEL, AUDREY | | 1.2 NAME | PEGGIE LYONS | | | |
| STREET ADDRESS | 6825 NW 169 ST, A | | 1.3 STREET ADDRESS | 7128 LAUREL LN | | | |
| CITY-ST-ZIP | MIAMI LAKES FL | | 1.4 CITY-ST-ZIP | MIAMI LAKES, FL | | | |
| TITLE | DT | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | DT | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | MARY R. LILLY | | 2.2 NAME | HEYDEL, AUDREY | | | |
| STREET ADDRESS | 6774 PARKINSONIA DR. | | 2.3 STREET ADDRESS | 6825 NW 169 ST A | | | |
| CITY-ST-ZIP | MIAMI LAKES FL | | 2.4 CITY-ST-ZIP | MIAMI LAKES FL | | | |
| TITLE | DV | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | DV | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | PERNER, MARY F | | 3.2 NAME | TERRY HOVTA | | | |
| STREET ADDRESS | 15525 MIAMI LAKEWAY N, 108 | | 3.3 STREET ADDRESS | 1770 W 79 ST | | | |
| CITY-ST-ZIP | MIAMI LAKES FL | | 3.4 CITY-ST-ZIP | MIAMI LAKES, FL | | | |
| TITLE | DVP | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | DVP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | LOVELL, RUTH | | 4.2 NAME | JEWEL DUCKWORTH | | | |
| STREET ADDRESS | 16021 ABERDEEN WAY | | 4.3 STREET ADDRESS | 6755 NW 169 ST G | | | |
| CITY-ST-ZIP | MIAMI LAKES FL | | 4.4 CITY-ST-ZIP | MIAMI LAKES, FL | | | |
| TITLE | | <input type="checkbox"/> DELETE | 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 | | <input type="checkbox"/> DELETE | 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)(k), 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: *Candrey Heydel* DATE: **3/18/96** DAYTIME PHONE #: **305-821-6133**

CR2E037 (12/95)