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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

MIAMI Principal Place	LAKES WOMAN'S CLUB, e of Business	Mailing Address				
P.O. BOX 5054 MIAMI LAKES FL 33014		P.O. BOX 5054 MIAMI LAKES FL 33014				
·				3. Date Incorporated or Qualified 11/07/1988	3a. Date of Last Re 03/27/19	
1	Place of Business	2a. Mailing Address 26		4. FE! Number NOT APPLICABLE		oplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	
City & Stat	ie	City & State		C. Clashian Compaign Financias	Fee He	<u> </u>
3		28		6. Election Campaign Financing Trust Fund Contribution	S5.00 Added t	•
Zip	Country	Zip	Country	8. This corporation has liability for in		
4	25	29	30	Florida Statutes	☐ Yes ☑ /No	
	Name and Address of Curr	ent Registered Agent	81 Name ~	10. Name and Address of New Ro		-
HEYDEL	L, AUDREY		O'e	ress (P.O. Box Number is Not Acceptable A P.O. Box Number is Not Acceptable A P.O. Rel		
	W 169 ST, A		82 Street Add	ress (P.O. Box Number is Not Acceptable	e) LN	
	AKES FL 33015		B3 //	IAMI LAKES	<u></u>	
*****			84 City	IAMI LAKES		
			64 City		FL 85 39	20de 1 J
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 Pursuant or register 	to the provisions of Sections 617.050 red agent, or both, in the State of Fig.	02 and 617.1508, Florida Statut	tes, the above-named corpor	ration submits this statement for the purp	oose of changing ite rec	ictored office
 Pursuant or registe familiar wi 	ith, and accept the obligations of, Se	ection 617.0503, Florida Statutes	zed by the corporation's boa s/	ration submits this statement for the purp rd of directors. I hereby accept the appo	oose of changing its regintment as registered as	istered office gent. I am
11. Pursuant or register familiar with SIGNATURE	ith, and accept the obligations of, Se	ection 617.0503, Florida Statutes	s. Les Descriptions boa	rd or directors. I hereby accept the appo	cose of changing its regintment as registered as	istered office gent. I am
familiar wi	ith, and accept the obligations of, Se Avdrey 4evd Signature, typed or priviled name of registated age	ection 617.0503, Florida Statutes LeL ent and little If applicable. [No. 1786]	Zed by the corporation's boals. Let Your OTE: Registered Agent signature reduce.	rd of directors. Thereby accept the appo	cose of changing its regionsment as registered as DATE	istered office gent. I am
familiar wi	ith, and accept the obligations of, Se Avdrey 4evd Signature, typed or priviled name of registated age	ection 617.0503, Florida Statutes	OTE: Pegistred Agent signature reduce	rd of directors. Thereby accept the appo LUL- d when reinstating! ADDITIONS/CHANGES TO OFFICE	cose of changing its registered as introduced as registered as DATE CERS AND DIFFCTORS	istered office gent, I am / 9 & S IN 12
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SIGNATURE: LIMBER SIGNIATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96 305-821-6133