## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

N33023

(5)

WOMEN'S COMMITTEE, FIGHT AGAINST HUNGER, INC.

**FILED** May 01 1997 8:00am Secretary of State



Principal Place of Business Mailing Address	1 (20)/inc end rijan 1471/ daine ingan infi meis than binn arni ann ann ann ann ann
535 N UNIVERSITY DR 535 N UNIVERSITY DR PLANTATION FL 33324-1482	
	3. Date Incorporated or Qualified
Principal Place of Business     2a. Mailing Address	4. FEI Number Applied For
21 280 NW 78 TERRACIES	65-0134598 Not Applicable
Suite, Apt #, etc.  Suite, Apt. #, etc.  PLANTATION FL. 27	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
City & State City & State 28	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip Country Zip Country	8. This corporation has liability for intangible tax under s. 199.032,
24 333 9	Florida Statutes Yes V No  10. Name and Address of New Registered Agent
81 Name	
CHUECA, TERESA 82 Street Add	ress (P.O. Box Number is No. Acceptable)
535 N UNIVERSITY DR	VW 78 TERRACE
TEMINIONIE SOCT	
B4 PLA	NTATION FL 185 33324
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named cor office or registered agent, or both, in the State of Florida. Such change was authorized by the corpora	poration submits this statement for the purpose of changing its registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	and the second of the second o
SIGNATURE Signature, type or printed name of registeryd agost and title if applicable. (NOTE: Registered Agost aignature requ	ired when reinstating) DATE
12. OFFICERS AND DIRECTORS 13.	
TITLE PD DELETE 1.4 TITLE	PD Change Addition
NAME LUZMILA, FLORES 12 NAME F	
STREET ADDRESS 1160 N FEDERAL HWY #1124 1.3 STREET ADDRESS 3	100 NEATHON ST FL STANDERDALE FL
CITY-ST-ZIP FT LAUDERDALE FL 1.4 CITY-ST-ZIP	
THLE VD LETE 2.1 TITLE	DOUGTT Grange LAddition O
NAME ALICIA MARULANDA 22 NAME 22 NAME	180 SW BO AVE
	780 SW 89 HT COOPER CITY - FL - 33318
OITY-ST-ZIP WESTON FL 2.4 CITY-ST-ZIP C	Y S I I I I I I I I I I I I I I I I I I
	LICIA MARUIANDA
STREET ADDRESS 5180 SW 89 AVE	1684 RIVIERA CT
CITY-ST-ZIP COOPER CITY FL. 3.4. CITY-ST-ZIP	WESTON FL. 33332
TILE SD DELETE 41 TITLE	SD Change Addition
NAME FAY, ALICE	JOAMA LAUDERRACE
CITY-ST-ZIP FT LAUDERDALE FL 4.4 CITY-ST-ZIP	LANTATION FL 33322
TITLE TO LLYDELETE 5.1 TITLE	TD Change Addition
NAME CHUECA, TERESA 52 NAME C	PELIA HOFFER ACE
1 1	
[ ]	TORA VALCARCEL
	/ U 展 D - Y 11 P 12 T 2 T 2 T 2 T 2 T 2 T 2 T 2 T 2 T 2
	230 NE LOAVE

14. I do hereby certify that the information supplied with this filing 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.