

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33023** (5)  
1. Corporation Name  
**WOMEN'S COMMITTEE, FIGHT AGAINST HUNGER, INC.**



Principal Place of Business <b>280 N.W. 78 TERR. PLANTATION FL 33324 US</b>	Mailing Address <b>535 N UNIVERSITY DR PLANTATION FL 33324</b>
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3. Date Incorporated or Qualified

**06/28/1989**

4. FEI Number

**65-0134598**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **180 NW-78 TERRACE**

**22** City & State

**27** Suite, Apt. #, etc.

**23** Zip

Country

**28** City & State

**29** Zip

Country

**30** **33324**

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fee Required

6. Election Campaign Financing

**\$5.00** May Be

Trust Fund Contribution ☐

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOFFER, CELIA  
280 N.W. 78 TERR.  
PLANTATION FL 33324**

**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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FAX, ALICE</b>	
STREET ADDRESS	<b>3100 N.E. 46TH ST.</b>	
CITY-ST-ZIP	<b>AUDERDALE FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>PRUITT, LUZ</b>	
STREET ADDRESS	<b>5180 S.W. 89 AVE.</b>	
CITY-ST-ZIP	<b>COOPER CITY FL</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MARULANDA, ALICIA</b>	
STREET ADDRESS	<b>2684 RIVIERA CT.</b>	
CITY-ST-ZIP	<b>WESTON FL</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>LAUDER, NORMA</b>	
STREET ADDRESS	<b>1031 N.W. 78 TERR.</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOFFER, CELIA</b>	
STREET ADDRESS	<b>280 N.W. 48 TERR</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>HOFFER, CELIA</b>
5.3 STREET ADDRESS	<b>280 NW 78 TERRACE</b>
5.4 CITY-ST-ZIP	<b>PLANTATION FL</b>

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>VALCARCEL, NORA</b>	
STREET ADDRESS	<b>4230 N.E. 20 AVE.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: **Celia Hoffer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0037500

- 1-29-98-(954) 476-6465

CR2E037 (10/97)