

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90113 025 \*\*\*\*70.00

DOCUMENT # N33023

1. Corporation Name

WOMEN'S COMMITTEE, FIGHT AGAINST HUNGER, INC.

Principal Place of Business

280 N.W. 78 TERR.  
PLANTATION FL 33324  
US

Mailing Address

280 NW 78 TERRACE  
PLANTATION FL 33324  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/28/1989

4. FEI Number

65-0134598

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME FAX, ALICE  
STREET ADDRESS 3100 N.E. 46TH ST.  
CITY-ST-ZIP AUVERDALE FL

TITLE VD ☐ DELETE

NAME PRUITT, LUZ  
STREET ADDRESS 5180 S.W. 89 AVE  
CITY-ST-ZIP COOPER CITY FL

TITLE VD ☒ DELETE

NAME MARULANDA, ALICIA  
STREET ADDRESS 2684 RIVIERA CT.  
CITY-ST-ZIP WESTON FL

TITLE SD ☒ DELETE

NAME LAUDER, NORMA  
STREET ADDRESS 1031 N.W. 78 TERR.  
CITY-ST-ZIP PLANTATION FL

TITLE TD ☐ DELETE

NAME HOFFER, CELIA  
STREET ADDRESS 280 NW 78 TERRACE  
CITY-ST-ZIP PLANTATION FL

TITLE SD ☒ DELETE

NAME VALCARCEL, NORA  
STREET ADDRESS 4230 N.E. 20 AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME FAY, ALICE

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME V/D MARQUEZ BLANCA

3.3 STREET ADDRESS 8694 NW 40 ST

3.4 CITY-ST-ZIP CORAL SPRINGS FL 33065

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME S/D ARBULO LAURA

4.3 STREET ADDRESS 6225 HAWKES BLUFF

4.4 CITY-ST-ZIP DAVIE - FL 33331

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME S/T/D

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME T/D CHUECA TERESA

6.3 STREET ADDRESS 535 N UNIVERSITY DRIVE

6.4 CITY-ST-ZIP PLANTATION - FL 33324

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)