FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAR 27 AM 10:59

DOCUMENT # **N36329** **(3)**

1. Corporation Name
MINISTRY WITH REFUGEE WOMEN AND CHILDREN, INC.

Principal Place of Business	Mailing Address
% ALICIA BARA 271 NW 64 AVE MIAMI FL 33126	% ALICIA BARA 271 NW 64 AVE MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1990
3a. Date of Last Report: 04/07/1994
4. FEI Number: 65-0304098 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): 162 SW First Avenue	2a. Mailing Address (26):	5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22):	Suite, Apt. #, etc. (27):	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23): Homestead, Florida	City & State (28):	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip (24): 33030 Country (25):	Zip (29): Country (30):	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARO, ALICIA
271 NW 64 AVE
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: JUDITH PIERRE -OKERSON (P)
82 Street Address (P.O. Box Number is Not Acceptable): 1675 NE 142 Street
83
84 City: Miami FL 85 Zip Code: 33181

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Judith P. Okerson Judith P. Okerson, President 03/14/95
(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	DV	11 TITLE	D V	☒ Change ☐ Addition
NAME	MURAT, MARIE	12 NAME	NELIDA MORALES	
STREET ADDRESS	10521 S.W. 163RD ST.	13 STREET ADDRESS	1931 SW 82nd Place	
CITY-ST-ZIP	MIAMI FL 33157	14 CITY-ST-ZIP	Miami, FL 33155	
TITLE	DS	21 TITLE	DS	☒ Change ☐ Addition
NAME	MILES, MARLENE	22 NAME	CLARA VISOT	
STREET ADDRESS	10851 SNAPPER CREEK DR.	23 STREET ADDRESS	333 S Royal Poinciana Blvd. #313	
CITY-ST-ZIP	MIAMI FL 33173	24 CITY-ST-ZIP	Miami, FL 3316 6	
TITLE	DT	31 TITLE		☐ Change ☐ Addition
NAME	BARO, ALICIA	32 NAME		
STREET ADDRESS	271 S.W. 64TH AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126	34 CITY-ST-ZIP		
TITLE	P	41 TITLE	P	☒ Change ☐ Addition
NAME	OKERSON, JUDITH P	42 NAME	OKERSON, JUDITH P	
STREET ADDRESS	1595 N.E. 135 ST. #242	43 STREET ADDRESS	1675 NE 142 Street	
CITY-ST-ZIP	N. MIAMI FL 33161	44 CITY-ST-ZIP	Miami, FL 33181	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Judith P. Okerson 3/14/95 (305) 541-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Judith P. Okerson

0041035