

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N36329** (3)  
1. Corporation Name  
**MINISTRY WITH REFUGEE WOMEN AND CHILDREN, INC.**



Principal Place of Business  
**162 SW FIRST AVENUE  
~~271 NW 64 AVE~~  
HOMESTEAD FL 33030  
US**

Mailing Address  
**% ALICIA BARA  
271 NW 64 AVE  
MIAMI FL 33126**

2. Principal Place of Business  
21 **536 CORAL WAY**  
Suite, Apt. #, etc.  
22  
City & State  
23 **CORAL GABLES FL**  
Zip  
24 **33134** Country  
25 **USA**

2a. Mailing Address  
26 **P.O. Box 144880**  
Suite, Apt. #, etc.  
27  
City & State  
28 **CORAL GABLES FL**  
Zip  
29 **33114** Country  
30 **USA**

3. Date Incorporated or Qualified  
**01/29/1990**

3a. Date of Last Report  
**03/27/1995**

4. FEI Number  
**65-0304098**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**OKERSON, JUDIT P  
1675 NE 142 STREET  
MIAMI FL 33181**

10. Name and Address of New Registered Agent  
81 Name  
**ROBERT KORNER**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3211 PONCE DE LEON BOULEVARD**  
83  
84 City  
**CORAL GABLES** FL 85 Zip Code  
**33145**

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 *Robert Korner*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/96**

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	MORALES, NELIDA	
STREET ADDRESS	1931 SW 82ND PLACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	VISOT, CLARA	
STREET ADDRESS	333 S ROYAL POINCIANA BLVD., #313	
CITY - ST - ZIP	MIAMI FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BARO, ALICIA	
STREET ADDRESS	271 S.W. 64TH AVE.	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	OKERSON, JUDITH P	
STREET ADDRESS	1675 EN 142 STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARIE MILENA LOUBEAU	
2.3 STREET ADDRESS	14699 N.E. 18 AVE APT 5P	
2.4 CITY - ST - ZIP	NORTH MIAMI FL 33181	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AMFLIA JOLY	
3.3 STREET ADDRESS	11446 SW 32 LANE	
3.4 CITY - ST - ZIP	MIAMI FL 33181	
4.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SHARON B. KELTS	
4.3 STREET ADDRESS	9531 FONTAINEBLEAU BLVD #511	
4.4 CITY - ST - ZIP	MIAMI FL 33172	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	000001817250	
5.4 CITY - ST - ZIP	-05/13/96--01002--029	
6.1 TITLE	***70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: *Sharon B. Kelts President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SHARON B. KELTS**

**4/26/96** **305-350-5921**  
Date Daytime Phone #

CR2E037 (12/95)

*Am* **5-196**