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

FILED
95 MAY -1 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39806

1. Corporation Name: Miami Springs Junior Women's Club

Principal Place of Business: 200 Westward Dr, Miami Springs, FL 33166 USA

Mailing Address: P.O. Box 661352, Miami Springs, FL 33266 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: May 25, 1990
3a. Date of Last Report: April 1994
4. FEI Number: 59-2506874 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): ~~200 W~~
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

9. Name and Address of Current Registered Agent:

10. Name and Address of New Registered Agent:
81 Name: Jana R. McCarthy
82 Street Address (P.O. Box Number is Not Acceptable): 140 Navajo St.
83
84 City: Miami Springs FL
85 Zip Code: 33166

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: Jana R. McCarthy — 4/25/95
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when name/st/g) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY · ST · ZIP	Beth Collinsworth (P,D) 1420 Lenape Dr. Miami Springs FL 33166	1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY · ST · ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY · ST · ZIP	Gail Perron (V,D) 1001 Meadowlark Av Miami Springs FL 33166	2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY · ST · ZIP	☐ Change ☐ Addition 900001476539 -05/04/95--01130--018 ****130.00 ****130.00
TITLE / NAME / STREET ADDRESS / CITY · ST · ZIP	Toni Alfonso (T,D) 1168 Partridge Av Miami Springs FL 33166	3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY · ST · ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY · ST · ZIP		4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY · ST · ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY · ST · ZIP		5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY · ST · ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY · ST · ZIP		6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY · ST · ZIP	☐ Change ☐ Addition RC

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 110.07(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: Beth Collinsworth — Beth Collinsworth — April 25, 1995 — 305-885-0488
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #