| ANNUAL REPORT 1996 MAMI SPRINGS JUNIOR WOMEN'S CLUB, INC. 1-06/07/9601073026 T1-06/07/9601073026 T1-06/07/96- | | W: FILING | FEE AFTE | · · · · · · · · · · · · · · · · · · · | | | | | | |
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| MIAMI SPRINGS JUNIOR WOMEN'S CLUB, INC. | TO SEE A SE | | | Secretary of State | | | | | | |
| MIAMI SPRINGS JUNIOR WOMEN'S CLUB, INC. | DOCUN 1. Corporation | MENT # | 39806 | (7) | | | | | | |
| Mail SPRINGS FL 30266 Mail | | | R WOMEN'S CLI | JB, INC. | | ale en e | | | | |
| P.O. BOX 68132 MAM SPRINGS FL 33268 MAM SPRINGS FL 33266 MAM SPR | Principal Place of Business Mailing Address | | | | | 1. | | ***61.25 | 015 | |
| 2. Principal Place of Business 1. Suite, Apt. e, etc. 2. Suite, Apt. | | | | | | | Date Incorporated or Qualified 09/06/1990 | 3a. Da | te of Last Report 03/17/1994 5/1/95 | |
| Surie, Apt. #, etc. Surie, Apt. #, etc. Surie, Apt. #, etc. Surie, Apt. #, etc. Surie, Apt. #, etc. Surie, Apt. #, etc. Surie, Apt. #, etc. Surie, Apt. #, etc. Surie, Apt. #, etc. Trust Fund Combishion Added to Fees | Deinoinal Bla | non of Physiness | | Mailian Address | | ļ | | 59-2506874 | | Not Applicable |
| Toust Fund Contribution | 1 | | 26 | | | | 5 | i. Certificate of Status Desired | | , , |
| 28 | Suite, Apt. : | #, etc. | | Suite, Apt. #, etc. | | | 6 | | | |
| Zop Country Zop Country Zop Sold Country S. 190.032 S. This corporation has tability for interruption tax under S. 190.032 Floridos Statutus New York No. 1. Name and Address of Current Registered Agent Statutus Name and Address of New Registered Agent Statutus Name Name | |) | | City & State | | | 7 | , | DZ' | |
| 9. Name and Address of Current Registered Agent LINGO, ROBIN- 1229 WTSTITARD DR. MIAMI SPRINGS FL. 33166 81 Name So. A.C. M. C. A.C. M. 129 WTSTITARD DR. MIAMI SPRINGS FL. 33166 82 Street Askirss F.D. Do. Number is Not Apopulation 14. D. A. | Zip | | , | Zip | | ry | 8 | . This corporation has liability fo | rintangible | tax under S. 199.032, |
| LINGO, ROBIN- 1929 WESTNARD DR- MIAMI SPRINGS FL 33166 41. 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 list registered officer or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing list registered officer 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 officer 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 officer 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 officer 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 officer 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 officer or registered agent, or both, in the State of Florida, Such change of changing list registered office or registered agent, or both, in the State of Florida, Such change of changing list registered office or registered agent, or both, in the State of Florida Statutes. 1.1 Title D | <u> </u> | | | ered Agent | | | 10 | | | |
| Street Address P.O. Box Number is Not Acceptable) | 10100 | 5050 | | | 8 | 1 Name | J 0 | Na R. MCC | arth | · 🗸 |
| MIAMI SPRINGS FL 93166 B4 City Marii Springs FL 85 Zp Code A City Marii Mari | | | | | | 2 Street A | ddress (| P.O. Box Number is Not Accepta | | |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submit 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. Thereby accept the appointment as registered office femiliar with, perfacept the obligations of Section 807,0505. Florida Statutes. SIGNATURE SIGNATURE DO OFFICERS AND DIRECTORS 11. THE DO CALT, KATHY 12. OFFICERS AND DIRECTORS 11. THE DO CALT, KATHY 13. STREET ADDRESS 14. CTY.ST.2P MIMM SPRINGS FL TO 14. CLANAE 14. CLANAE 15. THE VD 16. THE PROVIDED AGENT Syndrome or registered eight. I entry St.2P 16. THE VD 17. THE VD 18. THE | |)**** | | | 3 | 1.0 | varajo s. | | | |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation submit 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. Thereby accept the appointment as registered office and formaliar with, perfectly the obligations of Section 807,0505, Florida Statutes. SIGNATURE SEGNATURE SEGNATURE SEGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12 11. TITLE DD. 11. TITLE DD. 11. TITLE DD. 11. TITLE DD. 11. TITLE CALT, KATHY 12. NAME 13. STREET ADDRESS 971 PLOVER AVE 13. STREET ADDRESS 14. CHY-S1-2P MIMAN SPRINGS FL 14. CHY-S1-2P MIMAN SPRINGS FL 14. CHY-S1-2P MIMAN SPRINGS FL 15. TITLE DD. 11. TITLE TD. 1 | | • | | | ε | 4 City | | | | 85 Zip Code |
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| September paper provided singent and larger depletated Agent algorithms required where regarded Agent algorithms required where regarded and regarded where regarded where regarded and regarded where regarded where regarded and regarded where regarded and regarded where rega | | 2000 3 | 2 MCCax | 905, Florida Statutes | | - | | | 5/6 | 196 |
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| NAME STIFF, KAREN STREET ADDRESS STREET ADRESS STREET ADDRESS STRE | CITY-ST-ZIP | | <u>L</u> | | | | | NAMI SPRINGS | 71 | |
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| 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 | CITY-ST-ZIP | | | ilina je vokuntorilu fi se | | | ify for th | | 9 07/31/12 | |
| | certify tha | t the information indicate | d on this annual report | or supplemental ann | nual report is | true and acc | curate a | nd that my signature shall have th | ne same leg | gal effect as if made under |

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96 305 887-5157 Date Destine Prione #