

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # N39806 (7)**

1. Corporation Name

**MIAMI SPRINGS JUNIOR WOMEN'S CLUB, INC.**

**100001856021**  
-06/07/96--01073--026  
\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 661352  
MIAMI SPRINGS FL 33266

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MIAMI SPRINGS FL 33266

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/06/1990**

3a. Date of Last Report  
**03/17/1994 5/1/95**

4. FEI Number  
**59-2506874**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~LINGO, ROBIN~~  
~~1229 WESTWARD DR.~~  
~~MIAMI SPRINGS FL 33166~~

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*

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/6/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DD
NAME	CALT, KATHY
STREET ADDRESS	971 PLOVER AVE
CITY-ST-ZIP	MIAMI SPRINGS FL
TITLE	VD
NAME	HERNANDEZ, MARA
STREET ADDRESS	272 CHEROKEE ST
CITY-ST-ZIP	MIAMI SPRINGS FL
TITLE	TD
NAME	ALFONSO, TONI M
STREET ADDRESS	64 WHITETHORN DR
CITY-ST-ZIP	MIAMI SPRINGS FL
TITLE	PD
NAME	BARNA, LYNN
STREET ADDRESS	1191 MEADOWLARK AVE
CITY-ST-ZIP	MIAMI SPRINGS FL
TITLE	SD
NAME	TILMAN, BETH
STREET ADDRESS	1251 PLOVER
CITY-ST-ZIP	MIAMI SPRINGS FL
TITLE	SD
NAME	STIFF, KAREN
STREET ADDRESS	57 WHITEHORN DR
CITY-ST-ZIP	MIAMI SPRINGS FL

1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Jana McCarthy</b>	
1.3 STREET ADDRESS	<b>140 Navajo St.</b>	
1.4 CITY-ST-ZIP	<b>Miami Springs FL 33166</b>	
2.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Gail Perxon</b>	
2.3 STREET ADDRESS	<b>1001 Meadowlark Ave</b>	
2.4 CITY-ST-ZIP	<b>Miami Springs FL 33166</b>	
3.1 TITLE	<b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Lynn Barna</b>	
3.3 STREET ADDRESS	<b>1191 Meadowlark Ave.</b>	
3.4 CITY-ST-ZIP	<b>Miami Springs FL 33166</b>	
4.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Toni Alfonso</b>	
4.3 STREET ADDRESS	<b>1168 Portridge Ave</b>	
4.4 CITY-ST-ZIP	<b>Miami Springs FL 33166</b>	
5.1 TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Holly Lotch</b>	
5.3 STREET ADDRESS	<b>1020 Redbird Ave.</b>	
5.4 CITY-ST-ZIP	<b>Miami Springs FL 33166</b>	
6.1 TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>JOANN Koski</b>	
6.3 STREET ADDRESS	<b>192 Pinecrest Dr.</b>	
6.4 CITY-ST-ZIP	<b>Miami Springs FL 33166</b>	

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:

*Jana R. McCarthy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/6/96** **305 887-5157**  
Date Daytime Phone #