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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39806

(7)

| MIAMI SPRINGS JUNIOR WOMEN'S | S CLUB | . INC |
|------------------------------|--------|-------|
|------------------------------|--------|-------|

| Principal Place of Business Mailing Address | | | | | I INDICIAL DEC CITIO IDIDI IDIDI DOSE DELLA | T TO BELLEGIE DE LE CITION DE LOURE DE SITE DE SELECTION DE LE CENTRE | | | | |
|---|--|--|---------------------------|---|--|---|-----------------------|---------------|--|--|
| 200 WESTWARD DR P.O.BOX 661352 | | | | | | | | | | |
| MIAMI SPRINGS | | MIAMI FL 33266-1352 | | | | | | | | |
| | | | | | 3. Date incorporated or Qualified 09/06/1990 | 3a. Date | of Last Re 6/07/19 | eport 96 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | , . | 4. FEI Number | | | oplied For | | |
| 21 26 | | | <u> </u> | | 59-2506874 | | | ot Applicable | | |
| Suite, Apt. i | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | | |
| City & State | 3 | City & State | | | 6. Election Campaign Financing | ***** | \$5.00 | May Be | | |
| 23 | | 28 | | | Trust Fund Contribution | | Added 1 | | | |
| Zip | Country | Zip | Country | 1 | B. This corporation has liability for | intangible ta | ax under s | 199.032, | | |
| 24 | 25 | | ю | | Florida Statutes 10. Name and Address of New Re | | KNo | | | |
| | 9, Name and Address of Current | t Hedistelen Wallt | 81 | Name | 10. Name and Address of New Ad | Biatalan V | Join 1 | <u> </u> | | |
| 1444.6 | MOOADTHY | | | | | | | | | |
| | MCCARTHY | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 140 NAV | PRINGS FL 33166 | | 83 | | The state of the s | | | | | |
| MIAMILO | TNINGS FE 33 100 | | <u>-</u> - | | | | 12-1 | | | |
| | | | 84 | City | | FL | 85 Zip (| Code | | |
| 11. Pursuant t | to the provisions of Sections 617.0502 | 2 and 617.1508, Florida Statutes | the abov | e-named | corporation submits this statement for the population's board of directors. I hereby acce | | changing it | ts registered | | |
| office or re | egistered agent, or both, in the State m tamiliar-with, and accept the obliga | of Florida. Such change was au tions of Section 617.0503. Flori | thorized b ida Statute | y the cor _i s. | poration's board of directors. I hereby acce | ot the appo | intment as | registered | | |
| SIGNATURE _ | / / ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | 024 | | | | 5/2- | 7/9 - | 7 | | |
| SIGNATORE _ | Signature typed or printed name of registered ager | | | ent signature | e required when reinstating) | DATE | 7 | | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFIC | | DIRECTOR Change | Addition | | |
| TITLE | PD HACCARTUVORTU IAMA | ☐ DELETE | 1.1 TITLE | | | | T) CHRIME | Li Addition | | |
| NAME | MCCARTHYORTH, JANA | | 1.2 NAME | | | | | | | |
| STREET ADDRESS | 140 NAVAJO ST MIAMI SPRINGS FL 33166 | | | T ADDRESS | | | | | | |
| CITY-SI-7IP TITLE | VD | X DELETE | 1.4 CITY-1 2.1 TITLE | 51-ZIP | VP | 1 | Change | Addition | | |
| NAME | PERRON, GAIL | | 2.2 NAME | | | _ | | 7- | | |
| STREET ADDRESS | 1001 MEADOWLARK | | | T ADORESS | Carol Anne Davis 23840 SW14ZAC | | | | | |
| CITY - S1 - ZIP | MIAMI SPRINGS FL 33166 | | 2. 4 CITY- | | Princeton PL 3303. | 2 | | | | |
| TITLE | VD | ☐ DELETE | 3.1 TITLE | | 5. | : | Change | Addition | | |
| NAME | ALFONSO, TONI M | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | 1168 PARTRIDGE AVE | | 3.9 STREE | T ADDRESS | | | | | | |
| CITY-ST-ZIP | MIAMI SPRINGS FL 33166 | | 3.4. CITY- | ST-ZIP | | ······································ | | | | |
| THEE | TD | DELETE | 4.1 TITLE | | IP. | Į | Change | Addition | | |
| NAME | BARNA, LYNN | | 4. 2 NAME | į | Elizaboth H. Tilman 1251 Plover NºC | | ı | | | |
| STREET ADDRESS | | | | | | , | | | | |
| CITY-ST-ZIP | MIAMI SPRINGS FL | ☐ DELETE | 4.4 CITY- 5.1 TITLE | ST-ZIP | Manisonizas Fz 33161 | | Change | Addition | | |
| TITLE | SD LATOU HOLLY | □ betere | | | | | | L.J Addition | | |
| NAME CTREET ADDRESS : | LATCH, HOLLY 1020 REDBIRD AVE | | 5.2 NAME | T ADDRESS | | | | | | |
| STREET ADDRESS | MIAMI SPRINGS FL 33166 | | 5.4 CITY - | | | | | | | |
| CITY-ST-ZIP TITLE | SD SD | DELETE | 6.1 TITLE | ni. tii | | | Change | Addition | | |
| NAME | KOSKI, JOANN | **** | 6.2 NAME | | | | - | | | |
| STREET ADORESS | 192 PINECREST DR | | 6.3 STREE | T ADDRESS | | | | | | |
| CITY-ST-ZIP | MIAMI SPRINGS FL 33168 | | 6.4 CITY- | ST - ZIP | | | | | | |
| 14. I do herel | by certify that the information supplied | d with this filing does not qualify | for the ex | emption s | stated in Section 119.07(3)(i), Florida Statute d that my signature shall have the same leg | s. I further | certify that | the | | |
| l am an o | ifficer or director of the corporation or | the receiver or trustee empower | red to exe | cute this | report as required by Chapter 617, Florida | Statutes; an | d that my | name | | |
| appears i | in Block 12 or Block 13 if changed, or | | | | | | | | | |
| | | Al A Townson Best 10% Feet although | E I Britis Beste | gea _{is} | | | | | | |

SIGNATURE: Land STE WACASTIE REQUIRE

Daytime Phone # ACCA159

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Jun 02 1997 8:00am

Secretary of State