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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39806

1. Corporation Name

MIAMI SPRINGS JUNIOR WOMEN'S CLUB, INC.

Principal Place of Business

200 WESTWARD DR
MIAMI SPRINGS FL 33266

Mailing Address

P.O. BOX 661352
MIAMI FL 33266



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/06/1990

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

9. Name and Address of Current Registered Agent

JANA R. MCCARTHY
140 NAVAJO ST
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME MORAT, LAURIE
STREET ADDRESS 1114 HERON AVE.
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE VD ☐ DELETE

NAME ALFONSO, TONI M
STREET ADDRESS 1168 PARTRIDGE AVE
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE TD ☐ DELETE

NAME TILMAN, ELIZABETH H
STREET ADDRESS 1251 PLOVER AVE
CITY-ST-ZIP MIAMI SPRINGS FL

TITLE SD ☐ DELETE

NAME LATCH, HOLLY
STREET ADDRESS 1020 REDBIRD AVE
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE PD ☐ DELETE

NAME KOSKI, JOANN
STREET ADDRESS 192 PINECREST DR
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

TD
Marjorie Ramos
1030 Red Bird Ave
Miami Springs FL 33166

VD
Susan Fraga
441 Minola Drive
Miami Springs FL 33166

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

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

1/26/99

305-995-2363
Daytime Phone #

CR2E037 (1/98)