

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000000102 (4)**

1. Corporation Name

**MIAMI SPRINGS WOMAN'S CLUB, INC.**



Principal Place of Business

Mailing Address

200 WESTWARD DR.  
MIAMI SPRINGS FL 33166  
US

P.O. BOX 396  
MIAMI SPRINGS FL 33266  
US

3. Date Incorporated or Qualified  
**01/04/1993**

3a. Date of Last Report  
**04/21/1995**

2. Principal Place of Business  
21

2a. Mailing Address  
26

4. FEI Number  
**23-7326302**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State  
23

City & State  
28

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip  
24

Country  
25

Zip  
29

Country  
30

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

MCCARTHY, JANA  
140 NAVAJO ST  
MIAMI SPRINGS FL 33166

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BROCKMAN, MARJORIE	
STREET ADDRESS	1328 WESTWARD DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, MARIE	
STREET ADDRESS	440 MORNINGSIDE DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COLLARD, RUTH	
STREET ADDRESS	6260 NW 39TH TERRACE	
CITY-ST-ZIP	VIRGINIA GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ZAMOTIN, MARION	
13 STREET ADDRESS	259 Nahkoda Drive	
14 CITY-ST-ZIP	Miami Springs, FL	
21 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HUFFMAN, MABLE	
23 STREET ADDRESS	775 Westward Drive	
24 CITY-ST-ZIP	Miami Springs, FL	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 changed, or on an attachment with an address.

SIGNATURE:

*Ruth Collard, Treasurer*

3/26/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)