2001 UNIFORM BUSINESS REPORT (UBR) FILED May 19, 2001 8:00 am Secretary of State DOCUMENT # N93000000102 1. Entity Name 05-19-2001 90278 009 ****61.25 Miami Springs Woman's Club Principal Place of Business Mailing Address 200 Westward Drive Box 396 Miami Springs, Fl 33166 Miami Springs, Fl 33266 768540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent McCarthy, Jana----Street Address (P.O. Box Number is Not Acceptable) 140 Navajo St Miami Springs, Fl. 33166 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to . 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. ____ Added to Fees___ Department of State-FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. X Addition ☐ Change TITLE y Delete Ruth Collard Angeline Jester NAME 829 Lake Drive 6260 N. W. 39 Terr STREET ADDRESS STREET ADDRESS Virginia Gardens, Fl. Miami Springs, Fl. 33166 CITY-ST-ZIP CITY-ST-ZIP Change X Addition TITLE Delete TITLE Nikki Jester SD Marion Zamotin NAME NAME 1829 Lake Drive 259 Nahkoda Drive STREET ADDRESS STREET ADDRESS Miami Springs, Fl. 33166 Miami Springs, Fl 33166 CITY-ST-ZIP CITY-ST-ZIP ☐ Change → ☐ Addition $\mathbf{T}\mathbf{D}$ — Delete TITLE Lois-Floyd TITLE NAME 1095 Dove Ave. STREET ADDRESS STREET ADDRESS Miami Springs, Fl. 33166 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Law Floyd Treasurer