## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000000102

FILED Jul 10, 2008 Secretary of State

| Entity Nar                                  | me: MIAMI SPRING  | SS WOMAN'S CLUB, INC.   |  |  |
|---|---|---|--|--|
| Current Principal Place of Business:        |   |   | New Principal Place of Business:             |  |
|   | WARD DR.<br>RINGS, FL 33166   | US  |  |  |
| Current Mailing Address:                    |   |   | New Mailing Address:                         |  |
| P.O. BOX (<br>MIAMI SPF                     | 396<br>RINGS, FL 33266  | US  |  |  |
| FEI Number:<br>In accordance                |   | Number Applied For() FEI N<br>), F.S., the corporation did not receiv | Number Not Applicable ( )                    | Certificate of Status Desired ( )        |
| Name and                                    | Address of Curre  | nt Registered Agent:  | Name and Address                             | of New Registered Agent:                 |
| MCCARTH<br>140 NAVA<br>MIAMI SPF            |   | US  |  |  |
| The above in the State                      |   | its this statement for the purpose                                    | e of changing its register                   | red office or registered agent, or both, |
| SIGNATUR                                    | RE:   |   |  |  |
| Electronic Signature of Registered Agent    |   |   |  | Date                                     |
| OFFICERS AND DIRECTORS:                     |   |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | P () Delete<br>JESTER, NIKKI<br>829 LAKE DR<br>MIAMI, FL 33166          | е   | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | T () Delete<br>DONLAN, EILEEN W<br>801 SWAN AVENUE<br>MIAMI SPRINGS, FL |   | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                  |
| Title:<br>Name:<br>Address:                 | SD ( ) Delete<br>PRIESS, IRENE<br>449 SWALLOW DR A                      |   | Title:<br>Name:<br>Address:                  | ( ) Change ( ) Addition                  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN DONLAN T 07/10/2008