

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000464

FILED
Apr 23, 2007
Secretary of State

Entity Name: WOMEN'S FUND OF MIAMI-DADE COUNTY, INC.

Current Principal Place of Business:

2801 PONCE DE LEON BLVD
SUITE 810
CORAL GABLES, FL 33134 US

Current Mailing Address:

2801 PONCE DE LEON BLVD
SUITE 810
CORAL GABLES, FL 33134 US

New Principal Place of Business:

2650 SW 27 AVENUE
SUITE 303
MIAMI, FL 33133 US

New Mailing Address:

2650 SW 27 AVENUE
SUITE 303
MIAMI, FL 33133 US

FEI Number: 65-0436923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOULIHAN & PARTNERS, PA
2600 DOUGLAS ROAD
SUITE 600
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GERALD H HOULIHAN, ESQ
504 ARAGON
CORAL GABLES, FL 33134 US

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: GERALD H HOULIHAN

04/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRE () Delete
Name: SHISHKO, ELLEN
Address: 12401 SW 68TH COURT
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: FUCHS, RONDA
Address: 799 CRANDON BLVD, #201
City-St-Zip: KEY BISCAIYNE, FL 33149

Title: D () Delete
Name: WINKLE, BETTY
Address: 8310 SW 62ND COURT
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: KLARREICH, KATHIE
Address: 280 GREENWOOD DRIVE
City-St-Zip: KEY BISCAIYNE, FL 33149

Title: D () Delete
Name: YOUNG, APRIL
Address: 20025 NW 63RD PLACE
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: KITCHENS, CLAUDIA
Address: 2732 SEGOVIA STREET
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SMITH, RONDA
Address: 90 ALTON ROAD, SUITE 2509
City-St-Zip: MIAMI BEACH, FL 33149

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCKENNA, JOY
Address: 901 PONCE DE LEON BLVD. SUITE 505
City-St-Zip: MIAMI, FL 33134

Title: D (X) Change () Addition
Name: PEREZ, NANCY
Address: 7241 SW 168 STREET, SUITE C
City-St-Zip: MIAMI, FL 33157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ELLEN SHISHKO

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date