

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
DOCUMENT # **N43006001049**  
1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Sandra B. Myrland

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 SEP -6 PM 1:12

**Women of Miami Beach, Inc. (W.O.M.B.)**

Principal Place of Business

Mailing Address

210 2nd. St.  
Miami Beach, FL 33139

PO Box 191233  
Miami Beach, FL  
33119-1233

BK 9/12/96

3. Date Incorporated or Qualified	3a. Date of Last Report
4/1993	5/1995
4. FEI Number	Applied For
65-0421539	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No ?

21. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
25	29
23	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Else Lewis  
3443 N. Meridian Ave.  
Miami Beach, FL 33140

81. Name	<del>Arlene Rogoff</del>
82. Street Address (P.O. Box Number is acceptable)	<del>120 Rivo Alto Dr.</del>
83. City	<del>Miami Beach</del>
84. City	(error)
FL	85. Zip Code
	33140

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

*Else Lewis, Administrator*

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

(NOTE: Registered Agent signature required when resigning)

5/4/96

DATE

12. OFFICERS AND DIRECTORS	
TITLE	Program Director <input checked="" type="checkbox"/> DELETE
NAME	Barbara Byrne
STREET ADDRESS	1501 Landon Drive
CITY-ST-ZIP	Miami Springs, FL 33166
TITLE	Community Outreach Director <input type="checkbox"/> DELETE
NAME	Amal Ardito
STREET ADDRESS	PO Box 190156 210 2ND ST.
CITY-ST-ZIP	Miami Beach, FL 33119-9156
TITLE	Membership Director <input type="checkbox"/> DELETE
NAME	Shirley Gurwitsch
STREET ADDRESS	2525 Sunset Dr.
CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	Administrative Director <input checked="" type="checkbox"/> DELETE
NAME	Else Lewis
STREET ADDRESS	3443 N. Meridian Ave.
CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	Linnar Pederson <input type="checkbox"/> DELETE
NAME	301 Ocean Dr.
STREET ADDRESS	Miami Beach, FL
CITY-ST-ZIP	33139 Secretary
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	Program Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	Arlene Rogoff, MSW
13. STREET ADDRESS	120 Rivo Alto Dr.
14. CITY-ST-ZIP	Miami Beach, FL 33140
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	Administrative Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	Gisella Maizlish
43. STREET ADDRESS	3411 Indian Creek Dr.
44. CITY-ST-ZIP	Miami Beach, FL 33140
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	Genie Myer Helpline Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME	9585 Collins Ave. #2214
63. STREET ADDRESS	Surfside, FL 33154
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Else Lewis*

DATE

5/4/96 534-0977

DAYTIME PHONE #

CR2E037 (12/95)