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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:05

DOCUMENT # N93000003645 (9)

1. Corporation Name
DADE COUNTY NATIONAL ORGANIZATION FOR WOMEN, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1001 NW 93RD TERR. PLANTATION FL 33322 US	1001 NW 93RD TERR. PLANTATION FL 33322 US

3. Date Incorporated or Qualified: 08/12/1993
3a. Date of Last Report: 07/18/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☑ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 1001 NW 93 TERR
22 Suite, Apt. #, etc.
23 City & State: PLANTATION FL
24 Zip: 33322 25 Country: USA

2a. Mailing Address
26 1001 NW 93 TERR
27 Suite, Apt. #, etc.
28 City & State: PLANTATION FL
29 Zip: 33322 30 Country: USA

9. Name and Address of Current Registered Agent
PETERSON, LINDA
1001 NW 92RD TERR.
PLANTATION FL 33322

10. Name and Address of New Registered Agent
81 Name: LINDA PETERSON
82 Street Address (P.O. Box Number is Not Acceptable): 1001 NW 93 TERR
83
84 City: PLANTATION FL 85 Zip Code: 33322

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

2/4/95
DATE

SIGNATURE: Linda M. Peterson
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIDSON, SUZANNE
STREET ADDRESS	9610 W DAFFODIL LN
CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	D
NAME	CANTERBURY, JANET
STREET ADDRESS	10700 SW 70TH AVE
CITY-ST-ZIP	MIAMI FL 33176-3602
TITLE	D
NAME	PETERSON, LINDA
STREET ADDRESS	1001 NW 93RD TER
CITY-ST-ZIP	PLANTATION FL 33322-4916
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(i), 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: LINDA M. PETERSON Linda M. Peterson 2/4/95 (305) 879-3274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047034