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Apr 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002659 (0)

1. Corporation Name

LE TRE VENEZIE, WOMENS' AUXILIARY, INCORPORATED

Principal Place of Business

Mailing Address

10450 NW 22 STREET
PEMBROKE PINES FL 3302610450 NW 22 STREET
PEMBROKE PINES FL 33026-23313. Date Incorporated or Qualified
05/23/19943a. Date of Last Report
04/01/19964. FEI Number
65-0506074Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name MARY Sepcich

82 Street Address (P.O. Box Number is Not Acceptable)

83 602 N. 32nd Ave.

84 City Hollywood

FL

85 Zip Code 33021

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME FLORAN, INES
STREET ADDRESS 10450 NW 22 STREET
CITY-ST-ZIP PEMBROKE PINES FL 330261.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME BUDINICH, BARBARA E.
1.3 STREET ADDRESS 5910 HOOB ST
1.4 CITY-ST-ZIP HOLLYWOOD, FL 33021TITLE VD ☐ DELETE
NAME SEPCICH, MARY
STREET ADDRESS 602 N 32 AVE
CITY-ST-ZIP HOLLYWOOD FL 330262.1 TITLE MARY Sepcich ☒ Change ☐ Addition
2.2 NAME MARY Sepcich
2.3 STREET ADDRESS 602 N. 32 Avenue
2.4 CITY-ST-ZIP HOLLYWOOD FL. 33021TITLE TD ☒ DELETE
NAME FONDA, ANGELINA
STREET ADDRESS 1182 ADAMS ST
CITY-ST-ZIP HOLLYWOOD FL 330203.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME ELDA STRANICH
3.3 STREET ADDRESS 2249 Sniffield St
3.4 CITY-ST-ZIP Hollywood Fl. 33020TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: *Mary Sepcich*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3/20/97
Date

Daytime Phone # 0023944

CR2E037 (9/96)