NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF	- CORPORATI	SNC			
1	n Name	0004070 (8	3)				
WOME	n fighters for Democi	RACY, CORP.					
Principal Place of Business Mailing Address					1 1001/401 010 1011/1 010/1 01/41 00/4	I BBIIT BBEEL EQUIT BIBEL BBE	.14 40 0 11 66 11 60 0 4
2575 SW 108 AVE 2575 SW 108 AVE							
MIAMI FL 33	165	MIAMI FL 33165					
					3. Date Incorporated or Qualified 08/19/1994	3a. Date of Last 08/21/1	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 65-0526181		Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					05 0520 16 1		Not Applicable 5 Additional
22	.,, 515.	27			5. Certificate of Status Desired	7	D Additional Required
Services .	City & State City & State				6. Election Campaign Financing	\$5.0	00 May Be
23		28	1 2		Trust Fund Contribution		ed to Fees
Zip 24	Country 25	Zip 29 2	Country 30	•	8. This corporation has liability for		. 199.032,
24	9. Name and Address of Currer		[30]		Florida Statutes [Yes No	
			81	Nam			
MARQUEZ, MARIA				Stro	et Address (P.O. Box Number is Not Acceptab	ole)	
2575 SW 108 AVE			82	300	er Address (* .o. box Admissi is Not Acceptat	<i>10</i> /	
MIAMI FL 33165			83				
			84	City		 85 Z	ip Code
11 Directions	to the provisions of Sections 617.0500	and 617 1500 Florida Cirlid	Al			FL °°	
ør register	red agent, or both, in the State of Flori	da. Such change was authoriz	ed by the corp	oration	corporation submits this statement for the pure o's board of directors. I hereby accept the app	rpose of changing its ointment as registered	registered office d agent. I am
1	tn, and accept the obligations of, Sect	ion 617.0503, Florida Statutes	S.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NC	DTE: Registered Age	nt signatu	re required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 12
TITLE	PTD MADOUEZ MADIA D	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	MARQUEZ, MARIA D 2575 S.W. 108 AVE.		1.2 NAME				
STREET ADDRESS	MIAMI FL 33165		1.3 STREET		SS		
CITY-ST-ZIP TITLE	VPSD SCIENTE		1.4 CITY - 5 2.1 TITLE	T-ZIP	1 1 1 2 1	Change	☐ Addition
NAME	PRADO, MARIVI	# ·			MORAVIA CAPO 925 N.W. 37 AVE. MIAMI FL 3312	BOT 106	[Addition
STREET ADDRESS	ss 7350 S.W. 72 AVE.		2.2 NAME 2.3 STREET	ADDRES	925 N.W. 3+AVE.		
CITY-ST-ZIP	MIAMI FL 33143		2. 4 CITY-		MIAMI PU 33/2	5	
TITLE	SD	DELETE	3 1 TITLE			Change	☐ Addition
NAME	LARDIEZ, ELVIRA M		3 2 NAME				
STREET ADDRESS	6850 CASSIA PL		3.3 STREET	ADDRES	s		
CiTY-ST-ZiP	MIAMI LAKES FL 33014	Documen	3.4. CiTY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE			☐ Change	Addition
NAME STREET ADDRESS			4 2 NAME	******			
CITY-ST-ZIP			4.3 STREET 4.4 CHY-5		5		
TITLE		DELETE	51 TITLE	11-217		☐ Change	Addition
NAME		_	5.2 NAME				
STREET ADDRESS			5 3 STREET	ADDRES	s		
CITY-ST-ZIP			5.4 CITY- S	I - ZIP			
TITLE		DELETE	6.1 TITLE	-		☐ Change	Addition Addition
NAME			62 NAME				
STREET ADDRESS			63 STREET	ADDRES	s		

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.

6.4 CITY-ST-ZIP

SIGNATURE:

marin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF SIGNA