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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 MAR 22 AM 9:00

DOCUMENT # N94000004248 (0)

1. Corporation Name

FLORIDA WOMEN IN LAW ENFORCEMENT, INC.

Principal Place of Business	Mailing Address
9105 N.W. 25TH STREET MIAMI FL 33172	9105 N.W. 25TH STREET MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1994
3a. Date of Last Report:
4. FEI Number: [X] 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 [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

GRIBBINS, ANN
9105 N.W. 25TH STREET
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		1.1 TITLE	P	[ ] Change [X] Addition
NAME		1.2 NAME	Harriet Janosky	
STREET ADDRESS		1.3 STREET ADDRESS	9105 N.W. 25 St.	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, Fl 33172	
TITLE		2.1 TITLE	VP (1st)	[ ] Change [X] Addition
NAME		2.2 NAME	Teresa Eudines	
STREET ADDRESS		2.3 STREET ADDRESS	400 N.W. 2 Ave	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, Fl 33128	
TITLE		3.1 TITLE	VP (2nd)	[ ] Change [X] Addition
NAME		3.2 NAME	Vicki Todaro	
STREET ADDRESS		3.3 STREET ADDRESS	9105 N.W. 25 St.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Fl 33172	
TITLE		4.1 TITLE	T	[ ] Change [X] Addition
NAME		4.2 NAME	Debbra Melgar	
STREET ADDRESS		4.3 STREET ADDRESS	9105 N.W. 25 St.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, Fl 33172	
TITLE		5.1 TITLE	S	[ ] Change [X] Addition
NAME		5.2 NAME	Ann Gribbins	
STREET ADDRESS		5.3 STREET ADDRESS	9105 N.W. 25 St.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, Fl 33172	
TITLE		6.1 TITLE	D	[ ] Change [X] Addition
NAME		6.2 NAME	June Hawkins	
STREET ADDRESS		6.3 STREET ADDRESS	9105 N.W. 25 St.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, Fl 33172	

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: Debbra Melgar Debbra Melgar, Treasurer March 15, 1995 (305)471-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044002

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FLORIDA WOMEN IN LAW ENFORCEMENT, INC.
9105 N.W. 25 Street
Miami, Fl. 33172

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7.1 TITLE	D
7.2 NAME	CINDY DOYLE
7.3 STREET ADDRESS	100 S.W. 3 STREET
7.4 CITY - ST- ZIP	POMPANO BEACH, FL 33060

8.1 TITLE	D
8.2 NAME	ANN ALICEA
8.3 STREET ADDRESS	400 N.W. 2 AVE.
8.4 CITY - STATE - ZIP	MIAMI, FL 33128

9.1 TITLE	D
9.2 NAME	PAM STEGER
9.3 STREET ADDRESS	9105 N.W. 25 STREET
9.4 CITY - STATE - ZIP	MIAMI, FL 33172