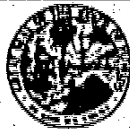


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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. FBI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$0.75 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P

**Harriet Janosky
9105 N.W. 25 St.
Miami, FL 33172**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VP (1st)

**Teresa Ardines
400 N.W. 2 Ave
Miami, FL 33128**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VP (2nd)

**Vicki Todaro
9105 N.W. 25 St.
Miami, FL 33172**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

T

**Debbra Melgar
9105 N.W. 25 St.
Miami, FL 33172**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

S

**Ann Gribbins
9105 N.W. 25 St.
Miami, FL 33172**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D

**June Hawkins
9105 N.W. 25 St.
Miami, FL 33172**

☐ Change ☒ Addition

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 110.07(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 017, 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

Signature Printed #

CORPORATION ANNUAL REPORT 1995

DOCUMENT # N94000004248 (0)

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