

5-15-98 B7391 C
FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004248 (0)**

1. Corporation Name

FLORIDA WOMEN IN LAW ENFORCEMENT, INC.



Principal Place of Business 9105 N.W. 25TH STREET MIAMI FL 33172	Mailing Address 9105 N.W. 25TH STREET MIAMI FL 33172
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified
08/25/1994

4. FEI Number
65-0698961

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**CANNON, RACHEL
9105 N.W. 25TH STREET
MIAMI FL 33172**

10. Name and Address of New Registered Agent
81 Name **Debbra Melgar**
82 Street Address (P.O. Box Number Is Not Acceptable)
7925 N.W. 12 Street, Suite 400
83
84 City **Miami, FL** 85 Zip Code **33126**

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 Debbra Melgar (NOTE: Registered Agent signature required when reinstating) DATE **4/28/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P HAWKINS, JUNE
STREET ADDRESS	9105 NW 25 ST., SUITE 2070
CITY-ST-ZIP	MIAMI FL 33172
TITLE	<input type="checkbox"/> DELETE
NAME	D MANDELVILLE, MARIE
STREET ADDRESS	9105 NW 25 ST., SUITE 2070
CITY-ST-ZIP	MIAMI FL 33172
TITLE	<input type="checkbox"/> DELETE
NAME	S CANNON, RACHEL
STREET ADDRESS	9105 NW 25 ST., SUITE 2070
CITY-ST-ZIP	MIAMI FL 33172
TITLE	<input type="checkbox"/> DELETE
NAME	T MELGAR, DEBBIE
STREET ADDRESS	9105 NW 25 ST., SUITE 2070
CITY-ST-ZIP	MIAMI FL 33172
TITLE	<input type="checkbox"/> DELETE
NAME	D HARRINGTON, STEPHANIE
STREET ADDRESS	9105 NW 25 ST.
CITY-ST-ZIP	MIAMI FL 33172
TITLE	<input type="checkbox"/> DELETE
NAME	D MILLER, JULIE
STREET ADDRESS	9105 NW 25 ST.
CITY-ST-ZIP	MIAMI FL 33172

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: **Debbra Melgar** Debbra Melgar

4/28/98 (305) 599-3550

CR2E037 (10/97)