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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004047

1. Corporation Name

WOMEN'S INSTITUTE FOR CREATIVITY, INC.

Principal Place of Business

10220 S.W. 215 STREET
MIAMI FL 33189

20533 Manta Dr.
MIAMI, FL 33189

Mailing Address

10220 S.W. 215 STREET
MIAMI FL 33189

PO Box 164243
MIAMI, FL
33116



2. Principal Place of Business

21 20533 Manta Dr.

Suite, Apt. #, etc.

22

2a. Mailing Address

26 PO Box 164243

Suite, Apt. #, etc.

27

3. Date Incorporated or Qualified

08/21/1995

4. FEI Number

65-0608024

Applied For

Not Applicable

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33189

Country

25 DADE

Zip

29 33116

Country

30 DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SCHWEIGER, JEFFREY R
640 N.E. 124 STREET
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name Aniel Soler
82 Street Address (P.O. Box Number is Not Acceptable)
3325 NE 18th St.
83
84 City Ft. Lauderdale FL 85 Zip Code 33305

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE D ☐ DELETE

NAME DALGLISH, MEREDITH
STREET ADDRESS 10220 S.W. 215 STREET
CITY-ST-ZIP MIAMI FL 33189

TITLE D ☐ DELETE

NAME SILVERMAN, KRISTEN
STREET ADDRESS 2402 CLEVELAND STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE D ☐ DELETE

NAME BENSON, LEE
STREET ADDRESS 3200 NE 29TH STREET #601
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE D ☐ DELETE

NAME STUTTS, JULIA
STREET ADDRESS 12915 IXORA ROAD
CITY-ST-ZIP NORTH MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 1.1 TITLE FOUNDER, DIRECTOR ☒ Change ☐ Addition

1.2 NAME MEREDITH DALGLISH
1.3 STREET ADDRESS 20533 MANTA DR.
1.4 CITY-ST-ZIP MIAMI FL 33189

2.1 TITLE VICEPRES! ☒ Change ☐ Addition

2.2 NAME KRISTEN SILVERMAN
2.3 STREET ADDRESS 19001 FRIAR ST.
2.4 CITY-ST-ZIP TARZANA, CA 91335

3.1 TITLE SECRETARY ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE TREASURER ☒ Change ☐ Addition

4.2 NAME ANIAL SOLER
4.3 STREET ADDRESS 3325 N.E. 18th St.
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33305

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Meredith Dalglish (305) 278-0220
4.14.99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)