

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 1, 1998
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV -3 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N96000006563 (8)

1. Corporation Name

AFRIKAN WOMEN OF EXCELLENCE, INC.

Principal Place of Business

Mailing Address

3751 NW 169TH TERR
MIAMI FL 33312

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MIAMI FL 33312

3. Date Incorporated or Qualified

12/26/1996

4. FEI Number

65-0772967

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 33055 25 Country

29 Zip 33055 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCORMACK-LYONS, YVONNE
3751 NW 169TH TERR
MIAMI FL 33312

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code
33055

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

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE
NAME MCCORMACK, YVONNE
STREET ADDRESS 3751 NW 169 TERRACE
CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE
NAME SIMPSON, E. AMANDA
STREET ADDRESS 1220 NW 20TH ST
CITY-ST-ZIP FT LAUDERDALE FL

TITLE PRO ☐ DELETE
NAME WYNTER, CHERYL
STREET ADDRESS 9637 NW 16 COURT
CITY-ST-ZIP PEMBROKE PINES FL

TITLE D ☒ DELETE
NAME WALTERS, THERESA
STREET ADDRESS 1540 SAN RENO AVE., APT 11
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ DELETE
NAME WEATHERS, VICTORIA
STREET ADDRESS 5060 NW 41ST STREET
CITY-ST-ZIP LAUDERDALE LAKES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)