


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90014 002 \*\*\*\*61.25

<b>DOCUMENT # N99000003431</b>					
<b>1. Entity Name:</b> NORTHEAST MIAMI WOMAN'S CLUB, INC.					
<b>Principal Place of Business</b> 454 NE 58TH ST MIAMI, FL 33137			<b>Mailing Address</b> 454 NE 58TH ST MIAMI, FL 33137		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01302004 Chg-NP CR2E037 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  SIPOS, ANDREW L JR. ESQ 250 BIRD ROAD, STE. 302 CORAL GABLES, FL 33146				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE: _____</span>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> FUCHS, VERONICA 5932 N.E. 6 AVE. MIAMI, FL 33137	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> DOMPKE, GENEVIVE 7657 TRENT DRIVE TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VB</b> BRENDA MERRILL 5929 N.E. 6 AVE MIAMI, FL 33137
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> COXE, CHARLOTTE 33 N.E. 72 ST MIAMI, FL 33137	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VB</b> JEANETTE FORMAN 11339 N.E. 8 CT MIAMI, FL 33161
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> FORMAN, JEANETTE 11339 N.E. 8 CT. MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>RECORDING-SEC-D</b> DOROTHY FAHEY 9500 BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> MOYER, ARLINE 1095 NE 144 STREET MIAMI, FL 33161	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Arline Moyer, ARLINE MOYER</u> <span style="float: right;">2/1/04 305-947-7856</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					

**94018550**

