

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90097 031 ****61.25

DOCUMENT # N99000003431				
1. Entity Name NORTHEAST MIAMI WOMAN'S CLUB, INC.				
Principal Place of Business 454 NE 58TH ST MIAMI, FL 33137		Mailing Address 454 NE 58TH ST MIAMI, FL 33137		
2. Principal Place of Business		3. Mailing Address <i>5932 N.E. 6th Ave</i>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State <i>Miami Florida</i>		
Zip	Country	Zip <i>33137</i>	Country <i>FL</i>	
4. FEI Number 59-0660627		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
SIPOS, ANDREW L JR. ESQ 250 BIRD ROAD, STE. 302 CORAL GABLES, FL 33146		Name <i>Veronica Fuchs</i> Street Address (P.O. Box Number is Not Acceptable) <i>5932 N.E. 6th Ave</i> <i>Miami FL</i> City <i>FL</i> Zip Code <i>33137</i>		
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.				
SIGNATURE <i>VERONICA FUCHS</i>		<i>Veronica Fuchs</i> 3/15/05		
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD FUCHS, VERONICA 5932 N.E. 6 AVE. MIAMI, FL 33137	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD MERRILL, BRENDA 5929 NE 6 AVE. MIAMI, FL 33137	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD FORMAN, JEANETTA 11339 NE 8 CT. MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	RSD FAHEY, DOROTHY 9500 BAY HARBOR DR. MIAMI BEACH, FL 33154	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD MOYER, ARLINE 1095 NE 144 STREET MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 fees empowered.				
SIGNATURE: <i>Veronica Fuchs</i>		3/15/05 305-299-6306		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Time Phone #		