

2007 FILING REPORT CORPORATION
ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90016 026 ****61.25

DOCUMENT # N99000003431

1. Entity Name
NORTHEAST MIAMI WOMAN'S CLUB, INC



Principal Place of Business
5580 NE 4 CT
SUITE 1
MIAMI, FL 33137

Mailing Address
5932 N.E. 6TH AVENUE
MIAMI, FL 33137



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01252007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number:
59-0660627

Applied For
 No, Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUCHS, VERONICA
5932 NE 6TH AVE
MIAMI, FL 33137

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution

\$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	<input type="checkbox"/> Delete
NAME	FUCHS, VERONICA	
STREET ADDRESS	5932 N.E. 6 AVE.	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOUNOY, MARGARET	
STREET ADDRESS	17630 NW 82 COURT	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FORMAN, JEANETTE	
STREET ADDRESS	11339 NE 8 CT.	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	EMERSON, REBECCA	
STREET ADDRESS	935 NE 89 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOYER, ARLINE	
STREET ADDRESS	1095 NE 144 STREET	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CO-BILLAS, EILEEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	155 NW 123 STREET	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerments.

SIGNATURE: *Veronica Fuchs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/07 305-299-6306
Date Daytime Phone