

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N99000003431

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

Current Principal Place of Business:

5580 NE 4 CT
SUITE 1
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-0660627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EILEEN, CUBILLAS
Address: 155 NW 123 ST
City-St-Zip: NORTH MIAMI, FL 33168

Title: VD () Delete
Name: LASCH, BETTY
Address: 9022 NE 8 AVE #20
City-St-Zip: MIAMI SHORES, FL 33138

Title: VD () Delete
Name: FORMAN, JEANETTE
Address: 11339 NE 8 CT.
City-St-Zip: MIAMI, FL 33161

Title: RSD () Delete
Name: EMERSON, REBECCA
Address: 935 NE 89 TERRACE
City-St-Zip: MIAMI, FL 33138

Title: TD () Delete
Name: MOYER, ARLINE
Address: 1095 NE 144 STREET
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: FUCHS, VERONICA
Address: 5932 NE 6 AVE
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: RSD (X) Change () Addition
Name: NANETTE, SIMON
Address: 1700 NE 105TH STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLINE MOYER

TD

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date