

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748925

Entity Name: SOROPTIMIST INTERNATIONAL OF CORAL GABLES,
INCORPORATED**FILED**
Apr 30, 2018
Secretary of State
CC8455909689**Current Principal Place of Business:**1420 BRICKELL BAY DR.
#206
MIAMI, FL 33131**Current Mailing Address:**P.O. BOX 14-1742
CORAL GABLES, FL 33114-1742 US**FEI Number: 59-6132499****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCCAFFERY, MARGARET
1420 BRICKELL BAY DR.
APT. 206
MIAMI, FL 33131 US*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: MARGARET MCCAFFERY****04/30/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** DIRECTOR
Name BARRERA, INGRID
Address 1643 BRICKELL AVENUE
City-State-Zip: MIAMI FL 33131**Title** DIRECTOR
Name WAYNE, MARIELA
Address 3700 JUSTISON ROAD
City-State-Zip: CORAL GABLES FL 33133**Title** TREASURER
Name FUNG, CHERIE
Address 5080 SW 107 AVENUE
City-State-Zip: MIAMI FL 33165**Title** PRESIDENT
Name DIAZ, DEBBY A
Address 10301 SW 156 STREET
City-State-Zip: MIAMI FL 33157**Title** VP
Name MCCAFFERY, MARGARET
Address 1420 BRICKELL BAY DR.
#206
City-State-Zip: MIAMI FL 33131**Title** VP
Name VAN ORSDEL, CAROL
Address 2401 ANDERSON ROAD
#10
City-State-Zip: CORAL GABLES FL 33134

I hereby 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 all other like empowered.

SIGNATURE: CHERIEFUNG**TREASURER****04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date