## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 748925** 

Entity Name: SOROPTIMIST INTERNATIONAL OF CORAL GABLES,

**INCORPORATED** 

**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 04/13/2016

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **DIRECTOR** Title **DIRECTOR** 

Name BARRERA, INGRID Name WAYNE, MARIELA Address 1643 BRICKELL AVENUE Address 3700 JUSTISON ROAD City-State-Zip: CORAL GABLES FL 33133 City-State-Zip: MIAMI FL 33131

Title **SECRETARY** Title **TREASURER** DIAZ, DEBBY A Name Name FUNG, CHERIE

10301 SW 156 STREET Address Address 5080 SW 107 AVENUE

City-State-Zip: MIAMI FL 33157 City-State-Zip: MIAMI FL 33165

Title Title **PRESIDENT** 

Name VAN ORSDEL, CAROL Name MCCAFFERY, MARGARET 2401 ANDERSON ROAD Address Address 1420 BRICKELL BAY DR. #206

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: MIAMI FL 33131

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.

04/13/2016 SIGNATURE: CHERIE FUNG TRESURER

**FILED** Apr 13, 2016

**Secretary of State** 

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