

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008069

**Entity Name:** FORT MIAMI WOMEN'S RUGBY CLUB INC.

**Current Principal Place of Business:**

4039 CARAMBOLA CIR N  
COCONUT CREEK, FL 33066

**Current Mailing Address:**

6700 NW 27TH TERRACE  
FORT LAUDERDALE , FL 33309 US

**FEI Number:** 45-3191708

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CYPRESS-ELLISON, SKYLAR  
5820SW 195TH TER  
SOUTHWEST RANCHES, FL 33332 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:** SKYLAR CYPRESS-ELLISON

01/11/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name BICKMAN, SAMANTHA  
Address 14491 77TH PLACE  
City-State-Zip: N LOXAHATCHEE FL 33470

Title SECRETARY  
Name CYPRESS-ELLISON, SKYLAR  
Address 5820SW 195TH TER  
City-State-Zip: SOUTHWEST RANCHES FL 33332

Title PRESIDENT  
Name MOORE, AUDREY  
Address 6700 NW 27TH TERRACE  
City-State-Zip: FORT LAUDERDALE FL 33309

Title TREASURER  
Name BROWN, JILLIAN  
Address 6629 NORTHWEST 70TH AVE  
City-State-Zip: TAMARAC FL 33321

*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:** SKYLAR CYPRESS-ELLISON

SECRETARY

01/11/2023

Electronic Signature of Signing Officer/Director Detail

Date