

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011200

Entity Name: BAPTIST WOMEN'S COUNCIL OF GREATER MIAMI & VICINITY, INC.**FILED**
Mar 24, 2015
Secretary of State
CC3679721320**Current Principal Place of Business:**12020 NW 15 AVENUE
MIAMI, FL 33167**Current Mailing Address:**12020 NW 15 AVENUE
MIAMI, FL 33167 US**FEI Number: 45-3985181****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LEWIS, CONNIE
12020 NW 15 AVENUE
MIAMI, FL 33167 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: CONNIE LEWIS****03/24/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	LEWIS , CONNIE
Address	12020 NW 15 AVENUE
City-State-Zip:	MIAMI FL 33167

Title	VPD
Name	THOMPkins, VBROWN
Address	1100 NW 89 STREET
City-State-Zip:	MIAMI FL 33150

Title	SD
Name	JOHNSON, CHERYL KELLY
Address	2351 WEST 4TH COURT
City-State-Zip:	HIALEAH FL 33010

Title	TD
Name	HODGE, MATILDA
Address	2200 SHERMAN CIRCLE, #202
City-State-Zip:	MIRAMAR FL 33025

Title	D
Name	GRIFFIN, VANDELLA
Address	1936 NW 59 ST
City-State-Zip:	MIAMI FL 33142

Title	D
Name	ANDERSON, CARRIE
Address	18800 NORTHWEST 29TH COURT
City-State-Zip:	MIAMI GARDENS FL 33056

Title	VP
Name	BAILEY , LATONIA
Address	7775 NW 27TH AVE 306
City-State-Zip:	MIAMI FL 33147

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: MATILDA HODGE**TD****03/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date