

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N14000007730

Entity Name: SOROPTIMIST INTERNATIONAL OF FORT LAUDERDALE, INC.

Current Principal Place of Business:

9145A S.W. 23RD STREET
FORT LAUDERDALE, FL 33324

Current Mailing Address:

P.O. BOX 451078
SUNRISE, FL 33345

FEI Number: 59-6194089

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLOPENSTEIN, TAMARA L ESQ.
513 N. STATE ROAD 7
MARGATE, FL 33063 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name CATOGGIO, CHRISTINE
Address P.O. BOX 451078
City-State-Zip: SUNRISE FL 33345

Title S
Name KONIOR, KATHLEEN
Address P.O. BOX 451078
City-State-Zip: SUNRISE FL 33345

Title TR
Name MCMANUS, BARBARA
Address P.O. BOX 451078
City-State-Zip: SUNRISE FL 33345

Title D
Name BAEHR, CONNIE
Address P.O. BOX 451078
City-State-Zip: SUNRISE FL 33445

Title D
Name KLOPENSTEIN, TAMARA
Address P.O. BOX 451078
City-State-Zip: SUNRISE FL 33445

Title VP
Name MOTE-THOMAS, DOROTHY
Address P.O. BOX 451078
City-State-Zip: SUNRISE FL 33345

Title DIRECTOR
Name DESKO, CONNIE
Address P.O. BOX 451078
City-State-Zip: SUNRISE FL 33345

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: TAMARA KLOPENSTEIN

**REGISTERED AGENT,
DIRECTOR**

07/22/2016

Electronic Signature of Signing Officer/Director Detail

Date