

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007730

**FILED**  
**Jun 19, 2018**  
**Secretary of State**  
**CC3063099011**

**Entity Name:** SOROPTIMIST INTERNATIONAL OF FORT LAUDERDALE, INC.

**Current Principal Place of Business:**

522-1 NE 7TH AVENUE  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

P.O. BOX 1492  
FORT LAUDERDALE, FL 33302 US

**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 MOTE-THOMAS, DOROTHY  
Address P.O. BOX 1492  
City-State-Zip: FORT LAUDERDALE FL 33302

Title TREASURER  
Name BAEHR, CONNIE  
Address P.O. BOX 1492  
City-State-Zip: FORT LAUDERDALE FL 33302

Title VP  
Name KLOPENSTEIN, TAMARA  
Address P.O. BOX 1492  
City-State-Zip: FORT LAUDERDALE FL 33302

Title SECRETARY  
Name RAYMORE, MARJORIE  
Address P.O. BOX 1492  
City-State-Zip: FORT LAUDERDALE FL 33302

Title DIRECTOR  
Name CATOGGIO, CHRISTINE  
Address P.O. BOX 1492  
City-State-Zip: FORT LAUDERDALE FL 33302

*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**

**VP**

**06/19/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date