FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 AM 11:01

DOCUMENT # **718992** (1)

1. Corporation Name

WINNING WOMEN OF FLORIDA, INC.

Principal Place of Business	Mailing Address
359 JOHN ANDERSON DR DAYTONA BEACH FL 32176 US	PO BOX 730611 ORMOND BEACH FL 32173-0611 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1970
3a. Date of Last Report: 01/27/1994
4. FEI Number: 23-7211352 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MITCHELL, MARTHA D
359 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	VAN WERT, DIANE	12 NAME	~~Martha~~ Mitchell, Martha T
STREET ADDRESS	2852 JOHN ANDERSON DR	13 STREET ADDRESS	359 John Anderson Dr.
CITY-ST-ZIP	ORMOND BEACH FL	14 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	MORRIS, NAOMI	22 NAME	
STREET ADDRESS	730 STEELE AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	S.DAYTONA FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	TD ☒ Change ☐ Addition
NAME	MURPHY, BARBARA	32 NAME	Phillips, Virginia G
STREET ADDRESS	193 DEER LAKE CIRCLE	33 STREET ADDRESS	20 Tomoka View Dr.
CITY-ST-ZIP	ORMOND BEACH FL	34 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	MITCHELL, MARTHA T	42 NAME	VanWert, Diane
STREET ADDRESS	359 JOHN ANDERSON DRIVE	43 STREET ADDRESS	2852 John Anderson Dr.
CITY-ST-ZIP	ORMOND BCH, FL 00000	44 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LIND, LOIS	52 NAME	
STREET ADDRESS	610 HAMLIN DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	S.DAYTONA FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	PHILLIPS, VIRGINIA	62 NAME	Murphy, Barbara
STREET ADDRESS	20 TOMOKA VIEW DRIVE	63 STREET ADDRESS	193 Deer Lake Circle
CITY-ST-ZIP	ORMOND BEACH FL	64 CITY-ST-ZIP	Ormond Beach, FL 32174

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Virginia G. Phillips (Virginia G. Phillips) 5-22-95 904 672-1565
SIGNATURE AND TYPED OR PRINTED NAME OF DOMINO OFFICER OR DIRECTOR — Date — Daytime Phone #

0024992