

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **08/12/1970** 3a. Date of Last Report **05/25/1995**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **23-7211352** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P MITCHELL, MARTHA T.**
STREET ADDRESS **359 JOHN ANDERSON DR.**
CITY-ST-ZIP **ORMOND BEACH FL**
TITLE ☐ DELETE
NAME **SD MORRIS, NAOMI**
STREET ADDRESS **730 STEELE AVE.**
CITY-ST-ZIP **S.DAYTONA FL**
TITLE ☐ DELETE
NAME **TD PHILLIPS, VIRGINIA G.**
STREET ADDRESS **20 TOMOKA VIEW DR.**
CITY-ST-ZIP **ORMOND BEACH FL**
TITLE ☐ DELETE
NAME **D VAN WERT, DIANE**
STREET ADDRESS **2852 JOHN ANDERSON DR.**
CITY-ST-ZIP **ORMOND BCH, FL 00000**
TITLE ☐ DELETE
NAME **D LIND, LOIS**
STREET ADDRESS **810 HAMLIN DRIVE**
CITY-ST-ZIP **S DAYTONA FL**
TITLE ☐ DELETE
NAME **D MURPHY, BARBARA**
STREET ADDRESS **193 DEER LAKE CIRCLE**
CITY-ST-ZIP **ORMOND BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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** 3-26-96 904 672-1565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)