

**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 # 766522 (7)  
1. Corporation Name  
**FLORIDA ASSOCIATION FOR WOMEN LAWYERS, INC.**



Principal Place of Business: 1118 PINECREST DRIVE TALLAHASSEE FL 32302  
Mailing Address: P.O. BOX 10617 TALLAHASSEE FL 32302

3. Date Incorporated or Qualified: 01/12/1983  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-2383909  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: SHERRI GAY WILHOIT, 1118 PINECREST DRIVE, TALLAHASSEE FL 32302  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	11 TITLE	Vice President, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVO, CARYN GOLDENBERG	12 NAME	GLICKMAN, SHARON BLEIER
STREET ADDRESS	4875 N. FEDERAL HIGHWAY	13 STREET ADDRESS	1677 N.W. 91st Avenue
CITY - ST - ZIP	FT. LAUDERDALE FL 33308	14 CITY - ST - ZIP	Coral Springs, FL 33071
TITLE	V <input type="checkbox"/> DELETE	21 TITLE	President, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAZGI, TONIA	22 NAME	YAZGI, TONIA
STREET ADDRESS	225 WATER STREET	23 STREET ADDRESS	225 Water Street, #1400
CITY - ST - ZIP	JACKSONVILLE FL 32202	24 CITY - ST - ZIP	Jacksonville, FL 32202
TITLE	ED <input type="checkbox"/> DELETE	31 TITLE	Exec. Dir., <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILHOIT, SHERRI GAY	32 NAME	Wilhoit, Sherry Gay
STREET ADDRESS	1118 PINECREST DRIVE	33 STREET ADDRESS	1118 Pinecrest Drive
CITY - ST - ZIP	TALLAHASSEE FL <del>32302</del> 32301	34 CITY - ST - ZIP	Tallahassee, FL 32301
TITLE	<input type="checkbox"/> DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	400001732984 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	-03/05/96--01103--003
STREET ADDRESS		53 STREET ADDRESS	***01.25
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: Sherry Gay Wilhoit 1-19-96 (904)877-2795  
Sherry Gay Wilhoit Date Daytime Phone #

CR2E037 (12/95)