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FILED

Feb 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

1118 PINECREST DRIVE  
TALLAHASSEE FL 32302P.O. BOX 10617  
TALLAHASSEE FL 32302-26173. Date Incorporated or Qualified  
01/12/19833a. Date of Last Report  
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2383909

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

SHERRI GAY WILHOIT  
1118 PINECREST DRIVE  
TALLAHASSEE FL 32302

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☒ DELETE  
NAME GLICKMAN, SHARON BLEIER  
STREET ADDRESS 1677 N.W. 91ST AVENUE  
CITY-ST-ZIP CORAL SPRINGS FL 330711.1 TITLE VPD ☐ Change ☒ Addition  
1.2 NAME Jennifer Coberly  
1.3 STREET ADDRESS 201 S. Biscayne Blvd., Suite 900  
1.4 CITY-ST-ZIP Miami, FL 33131TITLE PD ☒ DELETE  
NAME YAZGI, TONIA  
STREET ADDRESS 225 WATER STREET  
CITY-ST-ZIP JACKSONVILLE FL 322022.1 TITLE PD ☐ Change ☒ Addition  
2.2 NAME Sharon Bleier Glickman  
2.3 STREET ADDRESS 6270 N.W. 44th Street  
2.4 CITY-ST-ZIP Coral Springs, FL 33061TITLE ED ☐ DELETE  
NAME WILHOIT, SHERRI GAY  
STREET ADDRESS 1118 PINECREST DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 323023.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sherril Wilhoit Sherril O. Wilhoit 2-1-97 (904) 877-2995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0008122

CR2E037 (9/96)