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Mar 31, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766522

1. Corporation Name
FLORIDA ASSOCIATION FOR WOMEN LAWYERS, INC.

Principal Place of Business 106 E COLLEGE AVE STE 900 TALL FL 32301 US	Mailing Address 106 E COLLEGE AVE STE 900 TALL FL 32301 US
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2. Principal Place of Business 21 311 E PARK Ave Suite, Apt. #, etc.	2a. Mailing Address 26 311 E. Park Ave Suite, Apt. #, etc.	3. Date Incorporated or Qualified 01/12/1983
22	27	4. FEI Number 59-2383909 Applied For <input type="checkbox"/> Not Applicable
23 City & State TALLAHASSEE, FL	28 City & State TALLAHASSEE, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32301	25 Country Leon	29 Zip 32301
30 Country Leon	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

GAY, S A
 106 E COLLEGE AVE
 STE 900
 TALL FL 32301

10. Name and Address of New Registered Agent

81 Name CAROLYN PARDUÉ
82 Street Address (P.O. Box Number is Not Acceptable) 311 E. PARK AVE
83
84 City TALLAHASSEE FL
85 Zip Code 32301

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 Carolyn R. Pardué DATE 3-8-99

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CASTOR, K	
STREET ADDRESS	100 N TAMPA, STE 3500	
CITY-ST-ZIP	TAMPA FL 33960	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WHALEN, J	
STREET ADDRESS	2401 PGA BLVD, STE 140	
CITY-ST-ZIP	PBG FL 33410	
TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	GAY, S A	
STREET ADDRESS	106 E COLLEGE AVE, STE 900	
CITY-ST-ZIP	TALL FL 32301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ED CAROLYN PARDUÉ
3.3 STREET ADDRESS	311 E. PARK AVE
3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Carolyn R. Pardué SIGNATURE REQUIRED DATE 3-8-99 DAYTIME PHONE # 385-7497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)