



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 766522 1. Entity Name FLORIDA ASSOCIATION FOR WOMEN LAWYERS, INC.	
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Principal Place of Business 3548 TRILLIUM CT TALLAHASSEE, FL 32312 US	Mailing Address P.O. BOX 15998 TALLAHASSEE, FL 32317-5998 US
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DO NOT WRITE IN THIS SPACE

FILED
04 APR 30 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2383909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STEPHENS, PAT
3548 TRILLIUM CT
TALLAHASSEE, FL 32312

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD SIOBHAN, SHEA 137TH TRAK NORTH JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOVES, JULIETTE 6441 E. COLONIAL BLVD. ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAGID, DEBORAH 100 S. BISCAYNE BLVD., 3100 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DED STEPHENS, PAT 3548 TRILLIUM COURT TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMILTON, MARY K 7219 SW 86TH TERR. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, FRANCES G 100 WALLACE AVE., STE 240 SARASOTA, FL 34237

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100035848921
05/11/04--01019--005 **\$1.25

850
4-30-04 894-0055

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pat Stephens* Date: 4-30-04 Daytime Phone #: 894-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR