


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90403 021 ****61.25

DOCUMENT # 766522

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



Principal Place of Business
**3548 TRILLIUM CT
TALLAHASSEE FL 32312
US**

Mailing Address
**P.O. BOX 15998
TALLAHASSEE FL 32317-5998
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-2383909**

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEPHENS, PAT
3548 TRILLIUM CT
TALLAHASSEE FL 32312**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **JAMES, DINITA**
STREET ADDRESS **101 E. KENNEDY BLVD. #900**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **PAST PRESIDENT, DIRECTOR** Change Addition
NAME **SIOBHAN, SHEA**
STREET ADDRESS **137TH TRAK NORTH**
CITY-ST-ZIP **JUPITER, FL 33478**

TITLE **PD** Delete
NAME **SIOBHAN, SHEA**
STREET ADDRESS **137TH TRAK N.**
CITY-ST-ZIP **JUPITER FL 33478**

TITLE **TD** Change Addition
NAME **KOVES, JULIETTE**
STREET ADDRESS **6441 E. COLONIAL BLVD.**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **TD** Delete
NAME **KOVES, JULIETTE**
STREET ADDRESS **1224 MARSH CREEK LANE**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **VD** Change Addition
NAME **Deborah MAGID**
STREET ADDRESS **100 S. BISCAYNE BLVD. # 3100**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **DED** Delete
NAME **STEPHENS, PAT**
STREET ADDRESS **3548 TRILLIUM COURT**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **SD** Change Addition
NAME **VEVE HAMILTON**
STREET ADDRESS **209 N. UNIVERSITY DRIVE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Change Addition
NAME **MARY K. WIMSETT**
STREET ADDRESS **7219 SW 86th TERRACE**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Change Addition
NAME **FRANCES G. COOPER**
STREET ADDRESS **100 WALLACE AVE, STE. 240**
CITY-ST-ZIP **SARASOTA, FL 34237**

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* **PAT STEPHENS** 4-11-03 850/894-0055

CR2E037 (10/02)