

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00*** CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY - 1 AM 8:22

DOCUMENT # N22152 (5)

1. Corporation Name

FLORIDA WOMEN IN GOVERNMENT, INC.

Principal Place of Business

Mailing Address

3116 DOWLING DRIVE
TALLAHASSEE FL 323083116 DOWLING DRIVE
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2272766

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

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City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status☐\$68.75 Supplemental
Fee Not Required8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SINGLETON, SHARON
11755 SW 123 AVENUE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name SHOEMAKER, Pamela

82 Street Address (P.O. Box Number is Not Acceptable)
994 CARDON DR.

83

84 City Rockledge

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in 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 607.0505, 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

TITLE PD
NAME TARNO, BETTY
STREET ADDRESS P.O. BOX 840902 N/A
CITY-ST-ZIP HOLLYWOOD FLTITLE TD
NAME SORRIE, CAROL G
STREET ADDRESS 3116 DOWLING DRIVE
CITY-ST-ZIP TALLAHASSEE FLTITLE PD
NAME SHOEMAKER, PAMELA
STREET ADDRESS 994 CARDON DRIVE
CITY-ST-ZIP ROCKLEDGE FLTITLE VD
NAME MAREMA, LILIANA
STREET ADDRESS 1101 SW 138 AVE
CITY-ST-ZIP MIAMI FLTITLE SD
NAME ADAMS, B. GALE
STREET ADDRESS 612 77TH ST. W.
CITY-ST-ZIP PALMETTO FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT PD ☒ Change ☐ Addition
1.2 NAME SHOEMAKER, Pamela
1.3 STREET ADDRESS 994 CARDON DRIVE
1.4 CITY-ST-ZIP Rockledge FL2.1 TITLE V-PRESIDENT VD ☒ Change ☐ Addition
2.2 NAME MAREMA, LILIANA
2.3 STREET ADDRESS 1101 SW 138 AV
2.4 CITY-ST-ZIP Miami FL3.1 TITLE V-PRESIDENT ~~VD~~ ☒ Change ☐ Addition
3.2 NAME ADAMS, B. GALE
3.3 STREET ADDRESS 612 77th St. W
3.4 CITY-ST-ZIP PALMETTO FL4.1 TITLE TREASURER TD ☒ Change ☐ Addition
4.2 NAME RENAUD Judith F.
4.3 STREET ADDRESS 1525 EGRET DR
4.4 CITY-ST-ZIP Titusville FL5.1 TITLE SECRETARY SD ☒ Change ☐ Addition
5.2 NAME SORRIE CAROL G.
5.3 STREET ADDRESS 3116 DOWLING DR.
5.4 CITY-ST-ZIP TALLAHASSEE FL6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith F. RENAUD - TREASURER

3/6/95

Date

407-267-4195

Daytime Phone #