

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jul 23 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N22152 (5)**

1. Corporation Name  
**FLORIDA WOMEN IN GOVERNMENT, INC.**



Principal Place of Business <b>3116 DOWLING DRIVE                  TALLAHASSEE FL 32308</b>	Mailing Address <b>3116 DOWLING DRIVE                  TALLAHASSEE FL 32308-2109</b>
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3. Date incorporated or Qualified <b>08/21/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2272766</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 108 23rd St. Ct NE</b>	2a. Mailing Address <b>26 108 23rd St. Ct. NE</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Bradenton, FL</b>	28 City & State <b>Bradenton, FL</b>
24 Zip <b>34208</b>	25 Country <b>Manatee</b>
29 Zip <b>34208</b>	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent

**MARESM, LILIANA**  
**1101 SW 138 AVE.**  
**MIAMI FL 33184**

10. Name and Address of New Registered Agent

**81 Name Adams Gale B.**  
**82 Street Address (P.O. Box Number is Not Acceptable) 612 77th Street West**  
**83**  
**84 City Palmetto FL 85 Zip Code 34221**

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 *S. Dale Adams* DATE **6-24-97**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P/D</b>	<b>MARESM, LILIANA</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>V/D</b>	<b>ADAMS, GALE B.</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>V/D</b>	<b>SORRIE, CAROL G.</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>S/D</b>	<b>BELFORD, BONNIE G.</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>T/D</b>	<b>SCHNEEMAN, RUTH L.</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <b>T/D</b>	<b>JUNICE R. DUNBAR</b>	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

*S. Dale Adams* *6-24-97*

CR2E037 (9/96)