FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

108 23RD CT NE BRADENTON FL 34208

SIGNATURE:

US



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22152

(5)

Mailing Address

ŪS

108 23RD ST CT NE BRADENTON FL 34208

FLORIDA WOMEN IN GOVERNMENT, INC.

| Feb 04 1998 8:00am | | | | | | | |
|--------------------|--|--|--|--|--|--|--|
| Secretary of State | | | | | | | |

EII ED

| tiana mani ma | Allia siat aiste | minis mifft nin: | |
|-------------------|------------------|------------------|--|

3. Date Incorporated or Qualified

FURTAILLE R. Dunbay 1/4/98 941.792.8784

08/21/1987 4. FEI Number

| 00 | | | | 4. FEI Number | Applied For | | | |
|---|---|----------------------------------|---|--|-----------------------------------|--|--|--|
| <u> </u> | | | | 59-2272766 | Not Applicable | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 6. Election Campaign Financing | \$5.00 May Be | | | |
| 22 | | 27 | | Trust Fund Contribution | Added to Fees | | | |
| City & State | | City & State | | 7. Is this nonprofit corporation a homeowners association? | | | | |
| 23 | | 28 | | ☐ Yes ☐ No | | | | |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the cu | | | | |
| 24 | 9. Name and Address of Current | | 30 | Personal Property Tax due June 30. 10. Name and Address of New Registered | Yes No | | | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name | | | | | | | | |
| 3DAMO ONE B | | | Carol G. Sorrie | | | | | |
| ADAMS, GALE B | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 612 77TH ST WEST | | | 3116 Dowling Drive | | | | | |
| PALMETTO FL 34221 | | | | | | | | |
| | | | 84 City | Tallahasso FL | 85 Zip Code | | | |
| 11. Pursuant | to the provisions of Sections 617 0502 | and 617 1508. Florida Statutes | the above-named | | | | | |
| 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 lamfliar from, and agreet the obligations of, Section 617.0503, Florida Statutes. | | | | | | | | |
| SIGNATURE . | Circle P. | sarre | | prequired when reinstaling) DATE | | | | |
| 12. | Signature, typed or printed name of registered agent OFFICERS AND | | Hegistered Agent signature | a required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI | O DIRECTORS IN 12 | | | |
| TITLE | TD | DELETE | 1,1 TITLE | Apprilong of Mazo 10 of Jozefo Ani | Change Addition | | | |
| NAME | DUNBAR, JANICE R | | 1,2 NAME | | | | | |
| STREET ADDRESS | 108 23RD ST CT NE | | 1.3 STREET ADDRESS | | | | | |
| City-St-ZiP | BRADENTON FL | | 1.4 CITY - ST - ZIP | | } | | | |
| TITLE | PD | TX DELETE | 2.1 TITLE | | Change Addition | | | |
| NAME | ADAMS, GALE B. | - | 2.2 NAME | | | | | |
| STREET ADDRESS | 612 77TH ST.W. | | 2.3 STREET ADDRESS | | + | | | |
| CITY-ST-ZIP | PALMETTO FL | | 2. 4 CITY-ST-ZIP | | | | | |
| TITLE | V/D | DELETE | 3.1 TITLE | PD | Change Addition | | | |
| NAME | SORRIE, CAROL G. | | 3.2 NAME | Carol G. Sorrie | - | | | |
| STREET ADDRESS | 3116 DOWLING DR. | | 3.3 STREET ADDRESS | 3116 Dowling Drive | - | | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 3.4. CITY-ST-ZIP | Tallahassee, FL 32308 | | | | |
| TITLE | VD | DELETE | 4.1 TITLE | VD | Change | | | |
| NAME | BELFORD, BONNIE G. | | 4. 2 NAME | Bonnie G. Belford | | | | |
| STREET ADDRESS | 2913 8TH ST. CT. W. | | 4.3 STREET ADDRESS | 2913 8th St. Ct. W. | } | | | |
| CITY-ST-ZIP | BRADENTON FL | | 4.4 CITY-ST-ZIP | Bradenton FL 34208 | | | | |
| TITLE | SD | DELETE | 5.1 TITLE | VD | | | | |
| NAME | SCHNEEMAN, RUTH L. | | 5.2 NAME | Ruth L. Schneeman | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 7804 SW 139 Court | 1 | | | |
| CITY-ST-ZIP | MIAMI FL | | 5.4 CITY - ST - ZIP | Miami, FT. 33183 | | | | |
| TITLE | | DELETE | 6.1 TITLE | SD | Change 🔀 Addition | | | |
| NAME | | | 6.2 NAME | Mercedes G. Pearson | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 315 Court St. | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | Clearwater Ft. 3/616 | | | | |
| 14. I hereby c | ertify that the information supplied with | this filing does not qualify for | the exemption state | ed in Section 119.07(3)(i), Florida Statutes. I further ce | ertify that the information | | | |
| officer or | 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, 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 trueties empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address. | | | | | | | |
| Block 12 or Block 13 if changed, or on an attachment with an address. | | | | | | | | |