

2002 UNIFORM BUSINESS REPORT (UBR)

4/8/

FILED
May 24, 2002 8:00 am
Secretary of State

04-08-2002 90222 004 ****70.00

DOCUMENT # N22152

1. Entity Name

FLORIDA WOMEN IN GOVERNMENT, INC.

Principal Place of Business

**76 MIMOSA STREET
 CRAWFORDVILLE FL 32327
 US**

Mailing Address

**76 MIMOSA STREET
 CRAWFORDVILLE FL 32327
 US**

28978

2. Principal Place of Business

4711 CEPEDA STREET

Suite, Apt. #, etc.

3. Mailing Address

P. O. BOX 226

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-2272766

Applied For

Not Applicable

Zip

32811

Country

USA

Zip

32802

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

DORIS BROOKINS

Street Address (P.O. Box Number is Not Acceptable)

4711 CEPEDA STREET

City

ORLANDO

FL

Zip Code
32811

**STRICKLAND, JOY
 76 MIMOSA STREET
 CRAWFORDVILLE FL 32327**

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.

SIGNATURE **DORIS BROOKINS, TREASURER**

Signature, typed or printed name of registered agent and title if applicable.

Doris Brookins

(NOTE: Registered Agent signature required when reinstating)

3/9/2002

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
 NAME **STRICKLAND, JOY**
 STREET ADDRESS **76 MIMOSA STREET**
 CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **TD** ☐ Change ☐ Addition
 NAME **BROOKINS, DORIS**
 STREET ADDRESS **4711 CEPEDA STREET**
 CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE **PD** ☐ Delete
 NAME **PEARSON, MERCEDES**
 STREET ADDRESS **1008 PINELLA STREET # 8**
 CITY-ST-ZIP **CLEARWATER FL 34616**

TITLE **PD** ☐ Change ☐ Addition
 NAME **DUNBAR, JANICE R.**
 STREET ADDRESS **108 23rd St. Ct. NE**
 CITY-ST-ZIP **BRADENTON, FL 34208**

TITLE **VPD** ☐ Delete
 NAME **JOHNSTONE, JOAN**
 STREET ADDRESS **430 HARBOR DRIVE SOUTH**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE **VPD** ☐ Change ☐ Addition
 NAME **HILL, NANCY H.**
 STREET ADDRESS **3623-7TH AVENUE WEST**
 CITY-ST-ZIP **BRADENTON, FL 34205**

TITLE **VD** ☐ Delete
 NAME **CHRISTIAN, PAMELA**
 STREET ADDRESS **P.O. BOX 1058**
 CITY-ST-ZIP **SARASOTA FL 34230**

TITLE **VD** ☐ Change ☐ Addition
 NAME **WESTENHOFER, RALYNE E.**
 STREET ADDRESS **4200 S. JOHN YOUNG PRKWY**
 CITY-ST-ZIP **ORLANDO, FL 32839**

TITLE **PED** ☐ Delete
 NAME **DUNBAR, JANICE R**
 STREET ADDRESS **108 23RD ST CT NE**
 CITY-ST-ZIP **BRADENTON FL 34208**

TITLE **PED** ☐ Change ☐ Addition
 NAME **CHRISTIAN, PAMELA M.**
 STREET ADDRESS **P. O. BOX 1058**
 CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE R. DUNBAR

Date

3/9/2002

Daytime Phone #

CR0307 (9/01)