2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N22152

Title:

Name:

Address:

City-St-Zip:

PED

(X) Delete

DUNBAR, JANICE R

108 23RD ST CT NE

BRADENTON, FL 34208

FILED Mar 13, 2003 Secretary of State

Entity Name: FLORIDA WOMEN IN GOVERNMENT, INC.

Current Principal Place of Business: New Principal Place of Business: 4711 CEPEDA STREET ORLANDO, FL 32811 US **Current Mailing Address: New Mailing Address:** P.O BOX 226 ORLANDO, FL 32802 US FEI Number: 59-2272766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROOKINS, DORIS 4711 CEPEDA STREET ORLANDO, FL 32811 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete STRICKLAND, JOY BROOKINS, DORIS Name: Name: 76 MIMOSA STREET Address: P. O. BOX 226 Address: City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: ORLANDO, FL 32802 Title: PD () Delete Title: (X) Change () Addition PEARSON, MERCEDES Name: CHRISTIAN, PAMELA Name: Address: 1008 PINELLA STREET # 8 Address: P. O. BOX 1058 City-St-Zip: CLEARWATER, FL 34616 City-St-Zip: SARASOTA, FL 34230 Title: VPD () Delete Title: (X) Change () Addition JOHNSTONE, JOAN WESTENHOFER, RALYNE E Name: Name: 430 HARBOR DRIVE SOUTH 4200 SOUTH JOHN YOUNG PARKWAY Address: Address: City-St-Zip: INDIAN ROCKS BEACH, FL 33785 City-St-Zip: ORLANDO, FL 32839 Title: VD () Delete Title: SD (X) Change () Addition Name: CHRISTIAN, PAMELA Name: BRIDGES, SONIA P.O. BOX 1058 18702 NW 32 COURT Address: Address: City-St-Zip: SARASOTA, FL 34230 City-St-Zip: OPALOCKA, FL 33056

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DORIS BROOKINS TD 03/13/2003

() Change () Addition