

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

**FILED**  
**Feb 03 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N31108 (6)**  
 1. Corporation Name  
**NAVY WOMEN FOUNDATION, INC.**



Principal Place of Business C/O BERENICE K. GEORGE 2062 LOS LOMAS DRIVE CLEARWATER FL 34623 <b>33763</b>	Mailing Address C/O BERENICE K. GEORGE 2062 LOS LOMAS DRIVE CLEARWATER FL 34623 <b>33763</b>
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3. Date Incorporated or Qualified <b>03/09/1989</b>	Applied For Not Applicable
4. FEI Number <b>59-2998324</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners Association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**GEORGE, BERENICE K.**  
**2062 LOS LOMAS DRIVE**  
**CLEARWATER FL 34623 33763**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, DOROTHY	1.2 NAME	
STREET ADDRESS	2709 CORSAIR DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BIRMINGHAM AL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ANNE	2.2 NAME	
STREET ADDRESS	301 JOLIET RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MARQUETTE HEIGHTS IL	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, BERENICE K.	3.2 NAME	
STREET ADDRESS	2062 LOS LOMAS DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	3.4 CITY - ST - ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAHN, MARY J.	4.2 NAME	Ruby Honick
STREET ADDRESS	104 WINDCLIFFE DR	4.3 STREET ADDRESS	6510 Senegal Palm Way
CITY - ST - ZIP	BALLWIN MO	4.4 CITY - ST - ZIP	Apollo Beach, FL 33572
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, CHARLOTTE	5.2 NAME	Mary M. Hinds
STREET ADDRESS	RD BOX 274A	5.3 STREET ADDRESS	4369 Bluewater Ave
CITY - ST - ZIP	WAPWALLOPEN PA	5.4 CITY - ST - ZIP	Spring Hill, FL 34606
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDD, DOROTHY	6.2 NAME	
STREET ADDRESS	RT. 1, BOX 64 B	6.3 STREET ADDRESS	
CITY - ST - ZIP	TOOMSBORO GA	6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Berenice K. George K. George 01-15-98 813-447-0865  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D daytime Phone #

CR2E037 (10/97)