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Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90056 018 *****61.25

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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31108

1. Corporation Name

NAVY WOMEN FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O BERENICE K. GEORGE
2062 LOS LOMAS DRIVE
CLEARWATER FL 33763
US

C/O BERENICE K. GEORGE
2062 LOS LOMAS DRIVE
CLEARWATER FL 33763
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/09/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2998324	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEORGE, BERENICE K.
2062 LOS LOMAS DRIVE
CLEARWATER FL 33763

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMICK, RUBY	4.2 NAME	
STREET ADDRESS	6510 SENEGAL PALM WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL 33572	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINDS, MARY M	5.2 NAME	
STREET ADDRESS	4369 BLUEWATER AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606	5.4 CITY-ST-ZIP	
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)(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, with all other like empowered.

SIGNATURE: BERENICE K. GEORGE
Signature and typed or printed name of signing officer or director
Date: 1/11/99
Daytime Phone: 727-447-0868

CR2E037 (11/98)