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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB -6 PM 12:11

DOCUMENT # 712710 (3)

1. Corporation Name
SUNSHINE STATE WOMEN'S CHAMBER OF COMMERCE, INC.

Principal Place of Business
P O BOX 8271 Tres new address
~~240 175TH AVENUE~~ 12000 Capri Ct #28
~~MADEIRA BCH FL 33708~~
Treasure Is Fl 33706

Mailing Address
P O BOX 8271
MADEIRA BEACH ~~FL 33708~~
US 33738-ddt

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1967	3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-6197148	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

21 P.O. Box 8271	28 Mary C Farnsworth Treas 12000 Capri Ct #28
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Madeira Bch	28 Treasure Is. Fl.
24 Zip 33738	25 Country Pinellas
29 Zip 33706	30 Country Pinellas

9. Name and Address of Current Registered Agent

FARNSWORTH, MARY C
12000-CAPRI CIRCLE #28
TREASURE ISLAND FL 33706

Mary C Farnsworth Treas.

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 Pres Sec	CSD	1.1 TITLE	☐ Change ☐ Addition
NAME	FENTON, ETHEL	1.2 NAME	
STREET ADDRESS	2154 TIMBER LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE 1st Vice	V	2.1 TITLE	☐ Change ☐ Addition
NAME	JAMES, VIOLA	2.2 NAME	
STREET ADDRESS	1549 SIMMONS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE 2nd Vice	V	3.1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, ELEANORE	3.2 NAME	
STREET ADDRESS	6700 - 150TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE Treas	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	FARNSWORTH, MARY	4.2 NAME	
STREET ADDRESS	12000 CAPRI CIRCLE #28	4.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	4.4 CITY-ST-ZIP	
TITLE Rec Sec	RS	5.1 TITLE	☐ Change ☐ Addition
NAME	DENNISTON, PATRICIA	5.2 NAME	
STREET ADDRESS	13302 WHISPERING PALMS PLACE #1204	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34644	5.4 CITY-ST-ZIP	
TITLE Pres	PD	6.1 TITLE	☐ Change ☐ Addition
NAME	TLUMAC, NORMA	6.2 NAME	
STREET ADDRESS	502 PINEWOOD DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Mary C Farnsworth Treas
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

Date: Jan 30, 1995

Daytime Phone #

0058617