

FILE NOW: FILING FEE IS \$61.25

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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728233** (8)

1. Corporation Name

FEMINIST WOMEN'S HEALTH CENTER, INC.

Principal Place of Business

Mailing Address

**241 E SIXTH AVE
TALLAHASSEE FL 32303**

**241 E SIXTH AVE
TALLAHASSEE FL 32303**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/14/1974

4. FEI Number

59-1510378

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

10. Name and Address of New Registered Agent

**JOYNER, BRENDA
241 E SIXTH AVE
TALLAHASSEE FL 32303**

81 Name

Jo Conte

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

241 E. Sixth Ave

83

84

City

Tallahassee

FL

85

Zip Code

32303

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 is 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 617.0508, Florida Statutes.

SIGNATURE

Jo Conte

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DENENBERG, RISA	
STREET ADDRESS	241 EAST SIXTH AVE	
CITY - ST - ZIP	TALLAHASSEE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CONTE, JO	
STREET ADDRESS	241 EAST SIXTH AVE	
CITY - ST - ZIP	TALLAHASSEE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOYNER, BRENDA	
STREET ADDRESS	241 EAST SIXTH AVE	
CITY - ST - ZIP	TALLAHASSEE, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	32303
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	32303
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SMP
4.3 STREET ADDRESS	Delphine Hall
4.4 CITY - ST - ZIP	241 East Sixth Ave
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VD
5.3 STREET ADDRESS	Linda Amankwa
5.4 CITY - ST - ZIP	241 East Sixth Ave
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	Tallahassee FL 32303
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.

SIGNATURE:

Jo Conte

4/11/98

850-488-6217

CP2E037 (10/97)