

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732279 (5)

1. Corporation Name

WOMEN'S RESOURCE NETWORK, INC.

Principal Place of Business

Mailing Address

4344 JULINGTON CREEK RD.
JACKSONVILLE FL 32254-2197
US

4344 JULINGTON CREEK RD.
JACKSONVILLE FL 32254-2197
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1975

3a. Date of Last Report

05/01/1994

4. FEI Number

23-7437216

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 §. 199.032,
Florida Statutes ☐ Yes ☒ No

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

10. Name and Address of New Registered Agent

BERG, REBECCA L
701 FISK ST.
STE. 310
JACKSONVILLE FL 32204

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DROMPP, CATHERINE
STREET ADDRESS 4344 JULINGTON CREEK RD.
CITY - ST - ZIP JACKSONVILLE, FL 00000

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VD
NAME WEBB, SHIRLEY
STREET ADDRESS 2755 RIVERSIDE AVE
CITY - ST - ZIP JACKSONVILLE, FL 00000

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE SD
NAME GILLIAN, BAKER
STREET ADDRESS 2770 OAK STREET
CITY - ST - ZIP JACKSONVILLE, FL 00000

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE T
NAME SIMMONS, SHARON L
STREET ADDRESS 3623 PINE ST.
CITY - ST - ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Catherine M. Drompp
SIGNATURE AND TYPED OR PRINTED NAME OF BEGINNING OFFICER OR DIRECTOR
CATHERINE M. DROMPP

4/12/95 SC 875-2042
Date
904/723-2042
Telephone #