

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **749329** (9)

1. Corporation Name

**FLORIDA WOMEN'S ALLIANCE, INC.**



Principal Place of Business

Mailing Address

**404 N. INGRAHAM AVE.  
LAKELAND FL 33801**

**404 N. INGRAHAM AVE.  
LAKELAND FL 33801**

3. Date Incorporated or Qualified

**10/12/1979**

3a. Date of Last Report

**01/24/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGURN, LINDA C.  
101 SE 2ND PLACE, SUITE 202  
GAINESVILLE FL 32602**

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 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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, VELMA PATE	
STREET ADDRESS	2313 ARDSON PLACE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOSTON, DIANE	
STREET ADDRESS	2510 SHELL POINT RD.	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TRUJILLO, ANNETTE NEWBILL	
STREET ADDRESS	P.O. BOX 4809 N/A	
CITY-ST-ZIP	SEASIDE FL 32459	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HANAN, FRAN	
STREET ADDRESS	7255 SUNSET DR.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	M	<input type="checkbox"/> DELETE
NAME	DE STEFAND, DONNA V.	
STREET ADDRESS	404 N. INGRAHAM AVE.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BORROK, VIRGINIA	
STREET ADDRESS	555 STOCKTON ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NEIL W. POTTER, M.D.	
1.3 STREET ADDRESS	841 W. MALLORY ST.	
1.4 CITY-ST-ZIP	PLANSACOLA FL 32501	
2.1 TITLE	VICE PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARIE C. CARADAMONE	
2.3 STREET ADDRESS	1116 YALE AVE.	
2.4 CITY-ST-ZIP	SARASOTA, FL 34236	
3.1 TITLE	SECRETARY / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LAWRIE PLATT HALL	
3.3 STREET ADDRESS	576 S. OSCEOLA	
3.4 CITY-ST-ZIP	ORLANDO FL 32801	
4.1 TITLE	TREASURER / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NANNY A. ROWELL	
4.3 STREET ADDRESS	2061 DELWOOD DRIVE	
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

*Donna V. DeStefano* EXECUTIVE ADMINISTRATOR 1/16/96 941-683-5341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)