


FILE NOW: FILING FEE IS \$61.25

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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749329 (9)

1. Corporation Name
FLORIDA WOMEN'S ALLIANCE, INC.

Principal Place of Business 404 N. INGRAHAM AVE. LAKELAND FL 33801	Mailing Address 404 N. INGRAHAM AVE. LAKELAND FL 33801-2031
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2. Principal Place of Business 21 1701 S. FLORIDA AVE.		2a. Mailing Address 26 P.O. Box 2242		3. Date Incorporated or Qualified 10/12/1979	3a. Date of Last Report 01/24/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-2623006	Applied For <input type="checkbox"/> Not Applicable
23 City & State LAKELAND, FL		28 City & State LAKELAND, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33803		25 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
29 Zip 33806-2242		30 Country USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCGURN, LINDA C. 101 SE 2ND PLACE, SUITE 202 GAINESVILLE FL 32602				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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POTTER MD, NELL W			1.2 NAME	NEALIS, CHRISTIANA F.		
STREET ADDRESS	841 W. MALLORY ST.			1.3 STREET ADDRESS	1400 GRASS LANS BLVD. #27		
CITY-ST-ZIP	PENSACOLA FL			1.4 CITY-ST-ZIP	LAKELAND, FL 33803		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANDAMONE, MOLLIE C			2.2 NAME			
STREET ADDRESS	1116 YALE AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, LAURIE P			3.2 NAME			
STREET ADDRESS	576 S. OSCEOLA			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROWELL, NANCY A			4.2 NAME	MARTIN, JANICE		
STREET ADDRESS	2061 DELLWOOD DRIVE			4.3 STREET ADDRESS	4214 BLACK WAY DRIVE		
CITY-ST-ZIP	TALLAHASSEE FL			4.4 CITY-ST-ZIP	TAMPA, FL 33609		
TITLE	M	<input type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE STEFAND, DONNA V.			5.2 NAME			
STREET ADDRESS	404 N. INGRAHAM AVE.			5.3 STREET ADDRESS	1701 S. FLORIDA AVE.		
CITY-ST-ZIP	LAKELAND FL 33801			5.4 CITY-ST-ZIP	LAKELAND, FL 33803		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORROK, VIRGINIA			6.2 NAME			
STREET ADDRESS	555 STOCKTON ST.			6.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32204			6.4 CITY-ST-ZIP			

14. I do 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: Donna V. DeStefano **DONNA V. DE STEFANO** 1/27/97 941-683-5341
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032480

CR2E037 (9/96)