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May 05 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 # **749329** (9)

1. Corporation Name

FLORIDA WOMEN'S ALLIANCE, INC.

Principal Place of Business

Mailing Address

**1701 S FLORIDA AVE
LAKELAND FL 33803
US**

**P O BOX 2242
LAKELAND FL 33806-2242
US**

3. Date Incorporated or Qualified

10/12/1979

4. FEI Number

59-2623006

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 3178 Regatta Circle

26 3178 Regatta Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Sarasota, FL

28 Sarasota, FL

Zip

Country

Zip

Country

24 34231

25 US

29 34231

30 US

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

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 617.1506, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **NEALIS, CHRISTIANA F**
STREET ADDRESS **1400 GRASS LANDS BLVD #27**
CITY-ST-ZIP **LAKELAND FL**

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

TITLE **VD** ☐ DELETE
NAME **CANDAMONE, MOLLIE C**
STREET ADDRESS **1116 YALE AVE.**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE **SD** ☒ DELETE
NAME **HALL, LAURIE P**
STREET ADDRESS **576 S. OSCEOLA**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **Sonja Garcia**
3.3 STREET ADDRESS **12608 Stillwater Terrace Dr.**
3.4 CITY-ST-ZIP **Tampa, FL 33624**

TITLE **TD** ☐ DELETE
NAME **MARTIN, JANICE**
STREET ADDRESS **4214 BEACH WAY DRIVE**
CITY-ST-ZIP **TAMPA FL**

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

TITLE **M** ☒ DELETE
NAME **DE STEFANO, DONNA V.**
STREET ADDRESS **1701 S FLORIDA AVE**
CITY-ST-ZIP **LAKELAND FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Philomena Marshall**
5.3 STREET ADDRESS **5516 Molino Road**
5.4 CITY-ST-ZIP **Malimo, FL 32577**

TITLE **D** ☐ DELETE
NAME **BORROK, VIRGINIA**
STREET ADDRESS **555 STOCKTON ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Christiana F. Nealis

4/27/98

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9419544154

CP2E037 (10/97)