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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749329

1. Corporation Name

FLORIDA WOMEN'S ALLIANCE, INC.

Principal Place of Business

3178 REGATTA CIRCLE
 SARASOTA FL 34231
 US

Mailing Address

3178 REGATTA CIRCLE
 SARASOTA FL 34231
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/12/1979

4. FEI Number

59-2623006

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

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

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	D	<input checked="" type="checkbox"/> DELETE
NAME	NEALIS, CHRISTIANA F	
STREET ADDRESS	1400 GRASS LANDS BLVD #27	
CITY-ST-ZIP	LAKELAND FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CANDAMONE, MOLLIE C	
STREET ADDRESS	1116 YALE AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, SONJA	
STREET ADDRESS	12808 STILLWATER TERRACE DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARTIN, JANICE	
STREET ADDRESS	4214 BEACH WAY DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSHALL, PHILOMENA	
STREET ADDRESS	5516 MOLINO ROAD	
CITY-ST-ZIP	MALIMO FL 32577	
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	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Nancy Rowell	
1.3 STREET ADDRESS	2061 Dellwood Drive	
1.4 CITY-ST-ZIP	Tallahassee, FL 32304	
2.1 TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sherida Ferguson	
2.3 STREET ADDRESS	17581 Fairmeadow Dr.	
2.4 CITY-ST-ZIP	Tampa, FL 33647	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Louise Fragala	
3.3 STREET ADDRESS	P.O. Box 6467	
3.4 CITY-ST-ZIP	Lakeland, FL 33807	
4.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE:

Janice Martin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/99 813-282-8767

CR2E037 (1/98)