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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:13

DOCUMENT # 771321 (7)

1. Corporation Name
FLORIDA ASSOCIATION OF INSURANCE WOMEN, INC.

Principal Place of Business	Mailing Address
502 NW 16TH AVE. PO BOX 1648 GAINESVILLE FL 32601	502 NW 16TH AVE. PO BOX 1648 GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1983
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-6138031 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 5644 HOBSON ST NE	26 5644 HOBSON ST NE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 ST PETERSBURG FL	28 ST PETERSBURG FL
24 Zip 33703 / 25 Country	29 Zip 33703 / 30 Country

9. Name and Address of Current Registered Agent

RUSSELL, JEAN
502 NW SIXTEENTH AVE.
C/O HIB, ROGAL & HAMILTON CO.
GAINESVILLE FL 32602

10. Name and Address of New Registered Agent

81 Name: BURNS, MARY M.
82 Street Address (P.O. Box Number is Not Acceptable): 5644 HOBSON ST NE
83
84 City: ST PETERSBURG FL 85 Zip Code: 33703

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: MARY M. BURNS — Mary M Burns — 01-26-95
Signature, typed or printed name of registered agent and title if applicable. (FOR Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MURRAY, BARBARA	1.2 NAME	MURRAY, BARBARA	
STREET ADDRESS	6847 BAKERSFIELD DR	1.3 STREET ADDRESS	6847 BAKERSFIELD DR	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	S	2.1 TITLE	D	☒ Change ☐ Addition
NAME	HAYES, JEANNETTE	2.2 NAME	HAYES, JEANNETTE	
STREET ADDRESS	RT. 2, BOX 179/NA	2.3 STREET ADDRESS	RT. 2, BOX 179/NA	
CITY-ST-ZIP	ALACHUA FL	2.4 CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	P	3.1 TITLE	S	☒ Change ☐ Addition
NAME	VICKERY, DOROTHY S.	3.2 NAME	VICKERY, DOROTHY S.	
STREET ADDRESS	905 NW 10TH AVE	3.3 STREET ADDRESS	905 NW 10TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	BURNS, MARY M.	4.2 NAME		
STREET ADDRESS	5644 HOBSON ST. NE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MONTAGUE, HELEN	5.2 NAME		
STREET ADDRESS	PO BOX 5423/NA	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	RUSSELL, JEAN	6.2 NAME	RUSSELL, JEAN	
STREET ADDRESS	502 NW 16TH AVE C/O H.R.H.	6.3 STREET ADDRESS	P O BOX 1486/NA	
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	HAWTHORNE FL 32640	

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)(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: Mary M Burns — MARY M. BURNS, TREASURER — 01-26-95 — 813-576-1201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002684