

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 # 771321 (7)  
1. Corporation Name  
FLORIDA ASSOCIATION OF INSURANCE WOMEN, INC.



Principal Place of Business  
5644 HOBSON ST NE  
ST PETERSBURG FL 33703  
US

Mailing Address  
5644 HOBSON ST NE  
ST PETERSBURG FL 33703  
US

2. Principal Place of Business  
21 5644 Hobson St NE  
Suite, Apt. #, etc.  
22  
City & State  
23 St Petersburg, FL  
Zip  
24 33703  
Country  
25 USA

2a. Mailing Address  
26 5644 Hobson St NE  
Suite, Apt. #, etc.  
27  
City & State  
28 St Petersburg, FL  
Zip  
29 33703  
Country  
30 USA

3. Date Incorporated or Qualified  
11/18/1983

3a. Date of Last Report  
02/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
BURNS, MARY M  
5644 HOBSON ST NE  
ST PETERSBURG FL 33703

10. Name and Address of New Registered Agent  
81 Name  
Mary M Burns  
82 Street Address (P.O. Box Number is Not Acceptable)  
5644 Hobson Street NE  
83  
84 City  
St Petersburg FL  
85 Zip Code  
33703

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: Mary M Burns Mary M Burns  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-registering) DATE: 04-18-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	MURRAY, BARBARA	6847 BAKERSFIELD DR	JACKSONVILLE FL	<input type="checkbox"/>
D	HAYES, JEANNETTE	RT. 2, BOX 179/NA	ALACHUA FL	<input type="checkbox"/>
S	VICKERY, DOROTHY S.	905 NW 10TH AVE	GAINESVILLE FL	<input type="checkbox"/>
TD	BURNS, MARY M.	5644 HOBSON ST. NE	ST PETERSBURG FL	<input type="checkbox"/>
D	MONTAGUE, HELEN	PO BOX 5423/NA	JACKSONVILLE FL	<input type="checkbox"/>
D	RUSSELL, JEAN	502 NW 16TH AVE C/O H.R.H.	GAINESVILLE FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address.

SIGNATURE: Mary M Burns Mary M Burns  
Signature, typed or printed name of signing officer or director DATE: 04/18/96 813-576-1201  
Daytime Phone #

CR2E037 (12/95)