

2-21-97 B-5684 C
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Mar 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

5644 HOBSON STREET, SE
~~PO BOX 1648~~
ST. PETERSBURG FL 33703
US

5644 HOBSON STREET, NE
~~PO BOX 1648~~
ST. PETERSBURG FL 33703-2412
US

3. Date Incorporated or Qualified
11/18/1983

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 5644 HOBSON ST NE 25 5644 HOBSON ST. NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 St Petersburg FL

28 St Petersburg, FL

Zip

Zip

Country

Country

24 33703

25 U.S

29 33703

30 U.S

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

10. Name and Address of New Registered Agent

MARY M BURNS
5644 HOBSON STREET, NE
~~C/O HIB, ROOAL & HAMILTON CO.~~
ST. PETERSBURG FL 33703

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5644 HOBSON ST. NE

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

Mary M Burns

(NOTE: Registered Agent signature required when reinstating)

DATE

03/24/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TRASK, KATHLEEN V.	
1.3 STREET ADDRESS	7240 - 13TH AVENUE NORTH	
1.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33710	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input 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 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:

Mary M Burns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary M Burns, Treas.

03/24/97 813-576-1201
Date Daytime Phone # 0049957

CR2E037 (9/96)