

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
--	--

3. Date Incorporated or Qualified 11/18/1983	4. FEI Number 59-6138031	Applied For <input type="checkbox"/> Not Applicable
--	------------------------------------	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

9. Name and Address of Current Registered Agent

**MARY M BURNS
5644 HOBSON ST NE
C/O HIB, ROGAL & HAMILTON CO.
ST. PETERSBURG FL 33703**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 Delete c/o Hib, etc.	84 City	85 Zip Code
			FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRASK, KATHLEEN V	1.2 NAME	
STREET ADDRESS	7340 13TH AVE N	1.3 STREET ADDRESS	4290 - 45th Avenue N.
CITY - ST - ZIP	ST PETERSBURG FL	1.4 CITY - ST - ZIP	St Petersburg, FL 33714
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	HAYES, JEANNETTE	2.2 NAME	
STREET ADDRESS	RT. 2, BOX 179/NA	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALACHUA FL	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKERY, DOROTHY S.	3.2 NAME	
STREET ADDRESS	905 NW 10TH AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	
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 <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
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	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Mary M Burns, Treasurer 04/22/98 813-576-1201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050774

CR2E037 (10/97)