

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90012 036 \*\*\*\*61.25

**DOCUMENT # F02000006438**

1. Entity Name  
**NATIONAL SPEAKING OF WOMEN'S HEALTH  
FOUNDATION INC.**



Principal Place of Business  
625 EDEN PARK DR.  
STE. 200  
CINCINNATI, OH 45202

Mailing Address  
625 EDEN PARK DR.  
STE. 200  
CINCINNATI, OH 45202

**50000765**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**31-1576900**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTR  
NAME DUNKELMAN, DIANNE  
STREET ADDRESS 1223 CENTRAL PARKWAY  
CITY-ST-ZIP CINCINNATI, OH 45214 ☐ Delete

TITLE TRUSTEE  
NAME PATRICIA SMITSON  
STREET ADDRESS 310 WALNUT STREET, # 1400  
CITY-ST-ZIP CINCINNATI, OHIO 45202 ☐ Change ☒ Addition

TITLE TR  
NAME HURSH, PETER  
STREET ADDRESS 14458 BIENVENEDA AVE.  
CITY-ST-ZIP PACIFIC PALISADES, CA 90272 ☒ Delete

TITLE TRUSTEE  
NAME PHOEBE PARDO  
STREET ADDRESS 7460 FAIR OAKS DRIVE  
CITY-ST-ZIP CINCINNATI, OHIO 45237 ☐ Change ☒ Addition

TITLE S  
NAME KUPRIONIS, DENISE  
STREET ADDRESS 312 WALNUT ST.  
CITY-ST-ZIP CINCINNATI, OH 45202 ☐ Delete

TITLE PTR  
NAME DIANNE DUNKELMAN  
STREET ADDRESS 625 EDEN PARK DRIVE, SUITE 200  
CITY-ST-ZIP CINCINNATI, OHIO 45202 ☒ Change ☐ Addition

TITLE T  
NAME WEST, DIANE  
STREET ADDRESS 8280 MONTGOMERY RD., STE. 305  
CITY-ST-ZIP CINCINNATI, OH 45236 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TR  
NAME MALKOSKI, KRISTINE  
STREET ADDRESS 624 W COVE CREEK CT.  
CITY-ST-ZIP HINSDALE, IL 60521 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TR  
NAME ERICKSON, RICHARD  
STREET ADDRESS 2500 PNC CENTER, 201 E 5TH ST.  
CITY-ST-ZIP CINCINNATI, OH 45204182 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DIANNE DUNKELMAN**

**PRESIDENT & CEO 1-05-04 513-419-5444**

Date

Daytime Phone #