

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0001611

DOCUMENT # F02000006438

1. Entity Name

NATIONAL SPEAKING OF WOMEN'S HEALTH FOUNDATION I  
NC.



FILED

03 MAY -2 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

1223 CENTRAL PARKWAY  
CINCINNATI OH 45214

Mailing Address

1223 CENTRAL PARKWAY  
CINCINNATI OH 45214

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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.

400017870074  
05/02/03--01032--003 \*\*\$61.25

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

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

TITLE VP ☐ Delete  
NAME KELLER, LORRENCE T  
STREET ADDRESS 1223 CENTRAL PARKWAY  
CITY-ST-ZIP CINCINNATI OH 45214

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

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

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

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

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

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

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

TITLE T ☐ Delete  
NAME KELLAR, LORRENCE T  
STREET ADDRESS 1223 CENTRAL PARKWAY  
CITY-ST-ZIP CINCINNATI OH 45214

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

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 REQUIRED

C20

4/29/03

CR2E037 (10/02)