

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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90097 022 ****61.25

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1. Entity Name

TREASURE COAST ASSOCIATION OF WOMEN LAWYERS, INC



Principal Place of Business

**10014 S. FEDERAL HWY.
PT. ST. LUCIE FL 34952**

Mailing Address

**PO BOX 2904
STUART FL 34995-2904**

2. Principal Place of Business

8000 S. FED Highway

3. Mailing Address

Suite, Apt. #, etc.

Suite 300

City & State

Port St. Lucie, Florida

City & State

Zip

34952

Country

St. Lucie

Country

4. FEI Number **65-1018615**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BALDWIN, PATRICIA A ESQ.
10014 S. FEDERAL HWY.
PT. ST. LUCIE FL 34952**

7. Name and Address of New Registered Agent

Name

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

8000 S. Fed Hwy

Suite 300

City

Port St. Lucie

FL

Zip Code

34952

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 **PATRICIA A. BALDWIN, President**

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

(NOTE: Registered Agent signature required when reinstating)

04-01-03

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

TITLE **PD** ☐ Delete
NAME **BALDWIN, PATRICIA A**
STREET ADDRESS **10014 S. FEDERAL HWY.**
CITY-ST-ZIP **PT. ST. LUCIE FL 34952**

TITLE **VD** ☐ Delete
NAME **LANCY, OLIVEANN**
STREET ADDRESS **P.O. BOX 623**
CITY-ST-ZIP **STUART FL 34995-0623**

TITLE **TD** ☐ Delete
NAME **SCOTT, PORTIA**
STREET ADDRESS **1045 SE OCEAN BLVD**
CITY-ST-ZIP **STUART FL 34996**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES** ☒ Change ☐ Addition
NAME **PATRICIA BALDWIN**
STREET ADDRESS **8000 S. Federal Highway, Suite 300**
CITY-ST-ZIP **Port St. Lucie, Florida 34952**

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

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **PORTIA B. SCOTT**
STREET ADDRESS **921 SE Central Parkway**
CITY-ST-ZIP **STUART, FLORIDA 34994**

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

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

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: **Patricia A. Baldwin, President**

04-01-03 (770) 287-0096

CR2E037 (10/02)