2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

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DOCUMENT # N0100001537 1. Entity Name THE PINELLAS COUNTY CHAPTER OF THE FLORIDA ASSOCIATION FOR WOMEN LAWYERS, INC.						05-01-200	6 90351 03	33 ****61	.25	
133 N. FT. HARRISON AVENUE 13		Mailing Address 133 N. FT. HARRISON A CLEARWATER, FL 3375			7	001				
1 1		3. Mailing Address	Mailing Address 006 Drew Street				 	.E0	0) B	
1006 Drew Street Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272006	Chg-NP	CR2E0	37 (11/05)		
		City & State Clearwater	City & State learwater, FL		4. FEI Number 59-371				oplied For ot Applicable	
^{Zip} 33755	Country USA	Zip 3375 5	Country USA		5. Certificate	of Status Desire	ы 🗆	\$8.75 Add	ditional	
	ne and Address of Current F		000		7. Name and	Address of Ne	w Registered		-	
WINTERS, ELISE I	7		Name 12.1 d	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Winte					
133 N. FT. HARRIS CLEARWATER, FL	SON AVENUE		Elise 1 Street Address 1006 Di			K. Winters (P.O. Box Number is Not Acceptable) rew Street				
CLEARVATER, FL	. 33735			-						
Cie			arwai	ter		FL	Zip Cod 3 3 7	e 55		
8. The above named en the obligations of reg	tity submits this statement for	the purpose of changing its				h, in the State o	f Florida. I am			
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SIGNATURE Skonature, tro	ed or printed name of registered agent a	end tide if apolicable. (NOT)	E: Recistered Agent signs	ture required w	rhen reinstating)		DATE			
Signature, typ	ed or printed name of registered agent a		E: Registered Agent signa				DATE			
Signature, typ	ed or printed name of registered agent a eee is \$61.25 May 1, 2006		mpaign Financing		\$5.00 May B	e F	Make chec Florida Depar			
Filing F Due by	ee is \$61.25	9. Election Car Trust Fund C	mpaign Financing	_ ;	\$5.00 May B Added to Fees	B F	Make chec lorida Depar	tment of S	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 it 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 it changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: E Judiniti GRE AND TYPED OF STRAINS OF STREET OR DIRECTOR

CITY-ST-ZIP

727/442-3888

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