FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:39

DOCUMENT # **N02088** **(5)**

1. Corporation Name
WOMEN BUSINESS OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2402 W. CLEVELAND ST. TAMPA FL 33609	13548 AVISTA DRIVE TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/21/1984**
3a. Date of Last Report: **09/15/1994**
4. FEI Number: **59-2483675** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MASSE, SANDRA M
13548 AVISTA DRIVE
TAMPA, FL 33624

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	WIECHEC, DEBROAH J	1.2 NAME	Wiechec, Deborath J	
STREET ADDRESS	16057 TAMPA PALMS BLVD. STE.119	1.3 STREET ADDRESS	16057 Tampa Palms Blvd, Ste 119	
CITY-ST-ZIP	TAMPA FL 33647	1.4 CITY-ST-ZIP	Tampa, Fl 33647	
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	MASSE, SANDRA M	2.2 NAME		
STREET ADDRESS	13548 AVISTA DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	KOWALSKI, AMY	3.2 NAME	Kowalski, Amy	
STREET ADDRESS	7407 U.S. HWY 301 SOUTH #100	3.3 STREET ADDRESS	7407 U.S. Hwy 301 So #100	
CITY-ST-ZIP	RIVERVIEW FL 33569-4853	3.4 CITY-ST-ZIP	Riverview, Fl 33569-4853	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sandra M. Masse 3/15/95 962-2441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

000174