

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N05387 (8)

1. Corporation Name

INSURANCE WOMEN OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

P O BOX 12516  
TALLAHASSEE FL 32317-2516

P O BOX 12516  
TALLAHASSEE FL 32317-2516



3. Date Incorporated or Qualified

09/27/1984

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRKLAND, ANITA  
1200 SPRING HAVEN RD  
TALLAHASSEE FL 32311

81 Name

CINDI CAVALLARO

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

8394 CHICKASAW TRAIL

83

84 City

TALLAHASSEE

85 Zip Code

FL 32312

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Cindi Cavallaro*, Cindi Cavallaro, President

4/18/96

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 ☒ DELETE

NAME KIRKLAND, ANITA  
STREET ADDRESS 1200 SPRING AVENUE RD  
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD ☒ DELETE

NAME CAVALLARO, CINDI  
STREET ADDRESS 8394 CHICKASAW TRAIL  
CITY-ST-ZIP TALLAHASSEE FL

TITLE TT ☒ DELETE

NAME INGRAM, BEERNICE  
STREET ADDRESS 6742 WALDEN CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

CINDI CAVALLARO

8394 CHICKASAW TRAIL

TALLAHASSEE, FL 32312

D

ANITA KIRKLAND

1200 SPRING HAVEN RD

TALLAHASSEE, FL 32311

D

CAROL SANBORN

1923 LAWSON RD

TALLAHASSEE, FL 32308

000001789150  
-04/22/96--01071--010  
\*\*\*61.25

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)(k), 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:

*Cindi Cavallaro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

Date

904-878-0121

Daytime Phone #

CR2E037 (12/95)