

**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: P O BOX 12516 TALLAHASSEE FL 32317-2516  
Mailing Address: P O BOX 12516 TALLAHASSEE FL 32317-2516

3. Date Incorporated or Qualified: **09/27/1984**  
3a. Date of Last Report: **04/21/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-2715188</b>	Not Applicable	
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
	City & State		City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Country		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			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	City	TALLAHASSEE	85	Zip Code

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* Date: **4/18/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KIRKLAND, ANITA		1.2 NAME	CINDI CAVALLARO			
STREET ADDRESS	1200 SPRING AVEN RD		1.3 STREET ADDRESS	8394 CHICKASAW TRAIL			
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CAVALLARO, CINDI		2.2 NAME	ANITA KIRKLAND			
STREET ADDRESS	8394 CHICKASAW TRAIL		2.3 STREET ADDRESS	1200 SPRING HAVEN RD			
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE	TT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	INGRAM, BEERNICE		3.2 NAME	CAROL SANBORN			
STREET ADDRESS	6742 WALDEN CIRCLE		3.3 STREET ADDRESS	1923 LAWSON RD			
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE				
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME	000001789150			
STREET ADDRESS			5.3 STREET ADDRESS	-04/22/96--01071--010			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***61.25			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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)(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* Date: **3/26/96** Daytime Phone #: **904-878-2121**

CR2E037 (12/95)