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FILED

May 01 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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  
**04/23/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number  
**59-2715188**

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAVALLARO, CINDI**  
**8394 CHICKASAW TR.**  
**TALLAHASSEE FL 32312**

81 Name **GALBRAITH, ROBERTA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**7845 PARLIAMENT CT.**

83

84 City

**TALLAHASSEE**

**FL**

85 Zip Code  
**32308**

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

*Roberta Galbraith*

**1-23-97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KIRKLAND, ANITA</b>	
STREET ADDRESS	<b>1200 SPRING AVEN RD</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CAVALLARO, CINDI</b>	
STREET ADDRESS	<b>8394 CHICKASAW TRAIL</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SANBORN, CAROL 1</b>	
STREET ADDRESS	<b>1923 LAWSON RD.</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ROBERTA GALBRAITH</b>	
1.3 STREET ADDRESS	<b>7845 PARLIAMENT CT</b>	
1.4 CITY - ST - ZIP	<b>TALLAHASSEE, FL 32308</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>KATHY SHIRLEY</b>	
2.3 STREET ADDRESS	<b>6744 TIM TAM TRAIL</b>	
2.4 CITY - ST - ZIP	<b>TALLAHASSEE, FL 32308</b>	
3.1 TITLE	<b>VP D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>BERNICE INGRAM</b>	
3.3 STREET ADDRESS	<b>6742 WALDEN CIRCLE</b>	
3.4 CITY - ST - ZIP	<b>TALLAHASSEE, FL 32311</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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: *Roberta Galbraith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-97** **904-298-4465**  
Date Daytime Phone # 0008722

CR2E037 (9/96)