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

APPROVED AND FILED
95 JUL 10 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N05768 (9)

1. Corporation Name
WOMEN OWNERS NETWORK, INC.

Principal Place of Business	Mailing Address
P. O. BOX 25654 SARASOTA FL 34277-9654	P. O. BOX 25654 SARASOTA FL 34277-9654

3. Date Incorporated or Qualified: 10/22/1984
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-2454267 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JURON, LESLIE A. 7120 S BENEVA RD SARASOTA FL 34238	81 Name: PAULA TAYLOR 82 Street Address (P.O. Box Number is Not Acceptable): 1693 Loma Linda 83 84 City: SARASOTA FL 85 Zip Code: 34239

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: PAULA D. TAYLOR — Paula D. Taylor — DATE 5/11/95
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	D	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	JURON, LESLIE A.	1.2 NAME	PAULA TAYLOR
STREET ADDRESS	7120 S BENEVA RD	1.3 STREET ADDRESS	PO Box 16014 1693 Loma Linda St.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	PD	2.1 TITLE	PAULA TAYLOR ☒ Change ☐ Addition
NAME	TAYLOR, HOLLIE	2.2 NAME	2953 Bee Ridge Rd.
STREET ADDRESS	2100 CONSTITUTION BLVD , STE 129	2.3 STREET ADDRESS	SARASOTA, FL 34239
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	V.P. ☒ Change ☐ Addition
NAME	WOOD, JAN	3.2 NAME	Sean Brown Clark Road Unit
STREET ADDRESS	3116 BAY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FL
TITLE	SD	4.1 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	FINCH, SHIRLEY	4.2 NAME	ANN Higbee
STREET ADDRESS	2201 CANTU CT, STE 200	4.3 STREET ADDRESS	2975 Bee Ridge Rd Ste. D.
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	T	5.1 TITLE	TREASURER ☒ Change ☐ Addition
NAME	LAWRITSEN, JERRY	5.2 NAME	VIRGINIA KING
STREET ADDRESS	2100 CONSTITUTION BLVD	5.3 STREET ADDRESS	6914 Beneva Rd. S.
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	SD	6.1 TITLE	ASSOC. SEC. ☒ Change ☒ Addition
NAME	BAERVELDT, LOLLY	6.2 NAME	KAREN ZUKOWSKI
STREET ADDRESS	2300 BEE RIDGE ROAD	6.3 STREET ADDRESS	4607 MINIE Rd.
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	SARASOTA, FL 34235

REMITTED

7/10

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: Virginia King — TREASURER — 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
VIRGINIA KENNY KING

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