

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra W. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05768 (9)

1. Corporation Name
WOMEN OWNERS NETWORK, INC.



Principal Place of Business P. O. BOX 25654 SARASOTA FL 34277-9654	Mailing Address P. O. BOX 25654 SARASOTA FL 34277-2654
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3. Date Incorporated or Qualified 10/22/1984	3a. Date of Last Report 07/15/1996
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21. Principal Place of Business Sulte, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address Sulte, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-2454267	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TAYLOR, PAULA
1693 LOMA LINDA
SARASOTA FL 34239**

10. Name and Address of New Registered Agent

81 Name
Pam McCurdy

82 Street Address (P.O. Box Number is Not Acceptable)
5944 Wildwood Ave

83

84 City
Sarasota

85 Zip Code
FL 34231

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: *Pam McCurdy* (NOTE: Registered Agent signature required when reinstating) DATE: **5/22/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MC CLELLAND, CAROL		1.2 NAME	
STREET ADDRESS 1322 45TH ST W		1.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34234		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS, JAN		2.2 NAME	
STREET ADDRESS 8486 N. LOCKWOOD RIDGE RD #239		2.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34243		2.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JURON, LESLIE		3.2 NAME	
STREET ADDRESS 7120 S. BENEVA RD		3.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34238		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FINCH, SHIRLEY A		4.2 NAME	
STREET ADDRESS 2201 CANTU CT SUITE 200		4.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34232		4.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZUKOWSKI, KAREN		5.2 NAME	
STREET ADDRESS 4807 MINK RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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.

CR2E037 (9/96)