

FILE NOW: FILING FEE IS \$61.25

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Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

4. FEI Number

**59-2454267**

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year tangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCURDY, PAM**  
**5944 WILDWOOD AVENUE**  
**SARASOTA FL 34231**

81 Name

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

83

84 City

**FL**

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

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 ~~PD~~ ☒ DELETE  
NAME **MC GLELLAND, CAROL**  
STREET ADDRESS **1322 45TH ST W**  
CITY-ST-ZIP **SARASOTA FL 34234**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **Jan Thomas**  
1.3 STREET ADDRESS **8466 N. Lockwood Ridge Rd # 239**  
1.4 CITY-ST-ZIP **Sarasota, FL 34239**

TITLE ~~VP~~ ☒ DELETE  
NAME **THOMAS, JAN**  
STREET ADDRESS **8466 N. LOCKWOOD RIDGE RD #239**  
CITY-ST-ZIP **SARASOTA FL 34239**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ~~VP~~ ☒ DELETE  
NAME **JURON, LESLIE**  
STREET ADDRESS **7120 G. BENEVA RD**  
CITY-ST-ZIP **SARASOTA FL 34238**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **Berri Westbrook**  
3.3 STREET ADDRESS **1985 Boywood Ter**  
3.4 CITY-ST-ZIP **Sarasota FL 34231**

TITLE ~~TD~~ ☒ DELETE  
NAME **FINCH, SHIRLEY A**  
STREET ADDRESS **2201 CANTU CT SUITE 200**  
CITY-ST-ZIP **SARASOTA FL 34232**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ~~SD~~ ☒ DELETE  
NAME **ZUKOWSKI, KAREN**  
STREET ADDRESS **4807 MIWK RD.**  
CITY-ST-ZIP **SARASOTA FL**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **Gay Sharp**  
5.3 STREET ADDRESS **1800 Northgate Blvd # A12**  
5.4 CITY-ST-ZIP **Sarasota, FL 34234**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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:

*Jan Thomas* JAN THOMAS, PRES. 2-28-98 (941) 355-2900

CR2E037 (10/97)