

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 JUN 15 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N08326** (3)

1. Corporation Name  
**LEMON BAY HISTORICAL SOCIETY, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
P.O. BOX 1245 ENGLEWOOD FL 34295-1245

3. Date Incorporated or Qualified **03/22/1985** 3a. Date of Last Report **04/28/1994**

4. FEI Number **59-2387828** 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

24 25 29 30

5. Certificate of Status Desired  \$9.75 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

DAVIS, WILLIAM M. III  
535 BAY PARK BLVD.,  
ENGLEWOOD FL 34223

81 Name **ESTHER A. HORTON**  
82 Street Address (P.O. Box Number is Not Acceptable) **1017 BAY HARBOR DR.**  
83  
84 City **ENGLEWOOD** FL 85 Zip Code **34224**

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 *ESTHER A. HORTON* ESTHER A. HORTON DATE **4/16/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	DAVIS, WILLIAM M.
STREET ADDRESS	535 BAY PARK BLVD.,
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	VPD
NAME	HORTON, ESTHER
STREET ADDRESS	1017 BAY HARBOR DR
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	S
NAME	BASCH, DIANE <i>D</i>
STREET ADDRESS	1525 GULD BLVD
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	TD <i>D</i>
NAME	VAN NORMAN, HELEN E.
STREET ADDRESS	730 MICHIGAN AVENUE
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	VICE PRES <i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PRESIDENT <i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 appointment with an address.

SIGNATURE: *ESTHER A. HORTON* ESTHER A. HORTON DATE **(113) 474-9392**

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N08615 (9)**

1. Corporation Name  
**WOMEN'S ENERGY BANK, INCORPORATED**

Principal Place of Business  
2001 BEACH DR. S.E.  
P.O. BOX 15524 (ZIP 337335524)  
ST. PETERSBURG FL 33705

Mailing Address  
2001 BEACH DR. S.E.  
P.O. BOX 15524 (ZIP 337335524)  
ST. PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/09/1985** 3a. Date of Last Report **03/02/1994**  
4. FEI Number **NOT APPLICABLE** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**

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

2. Principal Place of Business  
21 **2001 Beach Dr SE** 2a. Mailing Address  
22 **P.O. Box 15548**  
23 Suite, Apt. #, etc. **(Delete PO Box)** 27 Suite, Apt. #, etc.  
24 **St. Petersburg FL** 28 **ST. PETERSBURG FL**  
25 **33705** 29 **33733-5548** 30 **USA**

9. Name and Address of Current Registered Agent  
**MILLER, ANNE A.  
2001 BEACH DR., S.E.  
ST. PETERSBURG FL 33705**

10. Name and Address of Now Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>BRAND, DOREEN S</b>
STREET ADDRESS	<b>6838 122 WAY N.</b>
CITY - ST - ZIP	<b>SEMINOLE FL</b>
TITLE	<b>D</b>
NAME	<b>EATON, KATHRYN E</b>
STREET ADDRESS	<b>440-60TH AVE S</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>D</b>
NAME	<b>MILLER, ANNE</b>
STREET ADDRESS	<b>2001 BEACH DR SE</b>
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>
TITLE	<b>D</b>
NAME	<b>HALL, RAND</b>
STREET ADDRESS	<b>7134 5TH AVE N</b>
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Edith Daly</b>
13 STREET ADDRESS	<b>2701 Burlington Ave N.</b>
14 CITY - ST - ZIP	<b>ST. PETERSBURG FL 33713</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>PAT NOLAN</b>
43 STREET ADDRESS	<b>130-19 Ave SE</b>
44 CITY - ST - ZIP	<b>ST. PETERSBURG FL 33705</b>
51 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Pamela Morse</b>
53 STREET ADDRESS	<b>10203 3rd St. E.</b>
54 CITY - ST - ZIP	<b>TREASURE Island, FL 33706</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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: Anne A. Miller **ANNE A. MILLER, D** 8 Jun 1995 813-823-5353  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/85)

# WOMEN'S ENERGY BANK, INC. (WEB)

A Not-For-Profit Organization  
Publisher of "Womyn's Words"

8 June 95

To Whom It May Concern

On January 20, 1995 we sent our  
annual report and check for \$61.25.

Our bank records indicate that check #  
1502 has not cleared. Enclosed is a  
duplicate copy of report and check.

Sincerely,

Anne A. Miller

Anne A. Miller, ~~President~~