

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 25 1996 8:00 am
Secretary of State

DOCUMENT # N08615 (9)

1. Corporation Name

WOMEN'S ENERGY BANK, INCORPORATED

Principal Place of Business

Mailing Address

**2001 BEACH DR. S.E.
ST. PETERSBURG FL 33705**

**P.O. BOX 15548
ST PETERSBURG FL 33733-5548**



3. Date Incorporated or Qualified
04/09/1985

3a. Date of Last Report
06/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

**MILLER, ANNE A.
2001 BEACH DR., S.E.
ST. PETERSBURG FL 33705**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **DALY, EDITH**
STREET ADDRESS **2701 BURLINGTON AVE N**
CITY-STATE-ZIP **ST PETERSBURG FL 33713**

TITLE **D** ☐ DELETE

NAME **EATON, KATHRYN E**
STREET ADDRESS **440-60TH AVE S**
CITY-STATE-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ DELETE

NAME **MILLER, ANNE**
STREET ADDRESS **2001 BEACH DR SE**
CITY-STATE-ZIP **ST PETERSBURG FL**

TITLE **D** ☐ DELETE

NAME **NOLAN, PAT**
STREET ADDRESS **130-19 AVE SE**
CITY-STATE-ZIP **ST PETERSBURG FL 33705**

TITLE **D** ☐ DELETE

NAME **MORSE, PAMELA**
STREET ADDRESS **10203 3RD ST E**
CITY-STATE-ZIP **TREASURE ISLAND FL 33706**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 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:

Anne A. Miller **ANNE A. Miller**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 Jan 1996

Date

813-823-5353

Daytime Phone

CR2E037 (12/95)