

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 AUG 21 AM 8:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # *NO8700*
1. Corporation Name *Professional Women United*

Principal Place of Business Mailing Address
PO Box 550118
Orlando, FL 32855

500001929365
-08/22/96--01027--004
*******\$1.25 *****\$1.25**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 *32855*
26 *FL*
27 *USA*

3. Date Incorporated or Qualified *3/5/95*
3a. Date of Last Report *8/7/95*
4. FEI Number
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
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

81 Name *KIM MOWATT*
82 Street Address (P.O. Box Number is Not Acceptable)
4244 BATON ROUGE DR
83
84 City *ORLANDO* **FL** **85** Zip Code *32818*

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 *KIM MOWATT* **DATE** *7/26/96*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96			
TITLE	<i>PRESIDENT</i>	☒ DELETE		11 TITLE	<i>D</i>	☒ Change ☐ Addition	
NAME	<i>MARICENT PEET</i>			12 NAME	<i>KIM MOWATT</i>		
STREET ADDRESS	<i>2620 PENNSYLVANIA DR</i>			13 STREET ADDRESS	<i>4244 BATON ROUGE DR</i>		
CITY-ST-ZIP	<i>ORLANDO, FL 32811</i>			14 CITY-ST-ZIP	<i>ORLANDO, FL 32818</i>		
TITLE	<i>VICE PRESIDENT</i>	☒ DELETE		21 TITLE	<i>D</i>	☒ Change ☐ Addition	
NAME	<i>KIM MOWATT</i>			22 NAME	<i>SABRINA AUSTIN</i>		
STREET ADDRESS	<i>4244 BATON ROUGE DR</i>			23 STREET ADDRESS	<i>2103 W. AMERICA ST</i>		
CITY-ST-ZIP	<i>ORLANDO, FL 32818</i>			24 CITY-ST-ZIP	<i>ORLANDO, FL 32805</i>		
TITLE	<i>SECRETARY</i>	☒ DELETE		31 TITLE	<i>D</i>	☒ Change ☐ Addition	
NAME	<i>SPONDA HERRING</i>			32 NAME	<i>MARICENT PEET</i>		
STREET ADDRESS	<i>1825 S. EVERMAN RD # 1222</i>			33 STREET ADDRESS	<i>2620 PENNSYLVANIA DR</i>		
CITY-ST-ZIP	<i>ORLANDO, FL 32811</i>			34 CITY-ST-ZIP	<i>ORLANDO, FL 32811</i>		
TITLE	<i>TREASURER</i>	☒ DELETE		41 TITLE	<i>TREASURER</i>	☒ Change ☐ Addition	
NAME	<i>CAROLINA HOWARD</i>			42 NAME	<i>SABRINA AUSTIN</i>		
STREET ADDRESS	<i>3438 GARDENVIEW AVE</i>			43 STREET ADDRESS	<i>1752 SONOMA CT</i>		
CITY-ST-ZIP	<i>ORLANDO, FL 32811</i>			44 CITY-ST-ZIP	<i>ORLANDO, FL 32811</i>		
TITLE	<i>EDITOR/CHIEF</i>	☒ DELETE		51 TITLE	<i>EDITOR/CHIEF</i>	☒ Change ☐ Addition	
NAME	<i>SABRINA AUSTIN</i>			52 NAME	<i>VANESSA HARRINGTON</i>		
STREET ADDRESS	<i>2103 W. AMERICA ST</i>			53 STREET ADDRESS	<i>2103 W. AMERICA ST</i>		
CITY-ST-ZIP	<i>ORLANDO, FL 32805</i>			54 CITY-ST-ZIP	<i>ORLANDO, FL 32805</i>		
TITLE		☐ DELETE		61 TITLE		☐ Change ☐ Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				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 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: *KIM MOWATT* **DATE:** *7/26/96* **DAYTIME PHONE #:** *(407) 621-3768*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)