

FILE NOW: FILING FEE IS \$61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N20504** (9)

1. Corporation Name

GREATER MANATEE CHAPTER OF FLORIDA WOMEN IN GOVERNMENT, INC.

Principal Place of Business

Mailing Address

P.O. BOX 202
1112 MANATEE AVE. W
BRADENTON FL 34206
US

P.O. BOX 202
BRADENTON FL 34206

200001762632

-03/29/96--01042--029

***\$61.25



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|--|--|---------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/06/1987 | | 3a. Date of Last Report 05/22/1995 | |
| 21 | | 26 | | 4. FEI Number 65-0066637 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 23 | | 28 | | | | | |
| Zip | | Zip | | | | | |
| 24 | | 29 | | | | | |
| Country | | Country | | | | | |
| 25 | | 30 | | | | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| RICHERT, IRMA 1112 MANATEE AVE. W. BRADENTON FL 34206 | | | | 81 Name Avalle, Dawn M. | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 2908 12th St. Ct. E. | | | |
| | | | | 83 | | | |
| | | | | 84 City Bradenton | | | |
| | | | | FL 85 Zip Code 34208 | | | |

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 *Dawn M. Avalle* *Dawn M. Avalle, Treasurer* 3/18/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when installing) DATE

| | | | |
|----------------------------|-----------------------------|---|-----------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | 1.1 TITLE | PD |
| NAME | OSEWALT, DENISE M. | 1.2 NAME | Richert, Timothy A. |
| STREET ADDRESS | 13709 3RD AVENUE EAST | 1.3 STREET ADDRESS | 4004 51st St. E. |
| CITY-ST-ZIP | BRADENTON FL | 1.4 CITY-ST-ZIP | Bradenton, FL 34208 |
| TITLE | VD | 2.1 TITLE | PD |
| NAME | TALLEY, SHIRLEY | 2.2 NAME | Ash, Jo |
| STREET ADDRESS | 1810 30TH STREET WEST | 2.3 STREET ADDRESS | 4412 F Spicewood Dr |
| CITY-ST-ZIP | BRADENTON FL | 2.4 CITY-ST-ZIP | Bradenton, FL 34208 |
| TITLE | TD | 3.1 TITLE | TD |
| NAME | RICHERT, IRMA | 3.2 NAME | Avalle, Dawn M. |
| STREET ADDRESS | 4005 51ST ST. E. | 3.3 STREET ADDRESS | 5216 47th St. Ct. E. |
| CITY-ST-ZIP | BRADENTON FL 34208 | 3.4 CITY-ST-ZIP | Bradenton, FL 34203 |
| TITLE | SD | 4.1 TITLE | SD |
| NAME | DITTMAN, BARBARA | 4.2 NAME | Prieto, Maria |
| STREET ADDRESS | 8112 19TH AVENUE NORTH WEST | 4.3 STREET ADDRESS | 5920 36th St. W. K302 |
| CITY-ST-ZIP | BRADENTON FL | 4.4 CITY-ST-ZIP | Bradenton, FL 34210 |
| TITLE | D | 5.1 TITLE | D |
| NAME | KING, MARGIE | 5.2 NAME | Mays, Margie |
| STREET ADDRESS | 1314 55TH STREET SOUTH | 5.3 STREET ADDRESS | 1008 26th St. E. |
| CITY-ST-ZIP | GULFPORT FL | 5.4 CITY-ST-ZIP | Palmetto, FL 34221 |
| TITLE | D | 6.1 TITLE | D |
| NAME | MOSLEY, GERALDINE | 6.2 NAME | Roux-Burns, Linda |
| STREET ADDRESS | 1813 9TH AVENUE EAST | 6.3 STREET ADDRESS | 3508 29th St. E. |
| CITY-ST-ZIP | BRADENTON FL | 6.4 CITY-ST-ZIP | Bradenton, FL 34208 |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

(941) 749-3106

Date Daytime Phone #

CR2E037 (12/95)