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FILED

May 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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
USP.O. BOX 202
BRADENTON FL 34206-02023. Date Incorporated or Qualified
05/06/19873a. Date of Last Report
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0066637Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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

AVALLE, DAWN M
2908 12TH STREET
COURT E
BRADENTON FL 34208

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	<input checked="" type="checkbox"/> DELETE
NAME	RICHERT, TIMOTHY A	
STREET ADDRESS	4004 51ST STREET EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ASH, JO	
STREET ADDRESS	4412 F SPICEWOOD DRIVE	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AVALLE, DAWN M	
STREET ADDRESS	5216 47TH STREET COURT E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PRIETO, MARIA	
STREET ADDRESS	5920 36TH STREET WEST K-302	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAYS, MARGIE	
STREET ADDRESS	1008 26TH STREET EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROUX-BURNS, LINDA	
STREET ADDRESS	3508 29TH STREET EAST	
CITY-ST-ZIP	BRADENTON FL 34208	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ASH, JO	
1.3 STREET ADDRESS	4412 F Spicewood Drive	
1.4 CITY-ST-ZIP	Bradenton FL 34203	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Prieto, Maria	
2.3 STREET ADDRESS	5920 36th Street West K-302	
2.4 CITY-ST-ZIP	Bradenton FL 34210	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dittmann, Barbara	
4.3 STREET ADDRESS	6112 19th Avenue West	
4.4 CITY-ST-ZIP	Bradenton FL 34209	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hoepfner, Karen	
5.3 STREET ADDRESS	5521 22nd Street Court E.	
5.4 CITY-ST-ZIP	Bradenton FL 34203	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Copeland, Susie	
6.3 STREET ADDRESS	1010 2nd Street East	
6.4 CITY-ST-ZIP	Bradenton FL 34208	

14. I do 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:

Dawn M. Avalle, Treasurer 2/10/97 941-748-4501 x327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0061828

CR2E037 (9/96)