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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22094** (9)

1. Corporation Name

FORT MYERS WOMEN'S NETWORK, INC.

Principal Place of Business

Mailing Address

P O BOX 061365
FT MYERS FL 33906

P O BOX 061365
FT MYERS FL 33906-1365



3. Date Incorporated or Qualified
06/30/1987

3a. Date of Last Report
06/26/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SENERAT, VASANTA
1342 COLONIAL BLVD D30
FT MYERS FL 33907

81 Name

VASANTA SENARAT

82 Street Address (P.O. Box Number is Not Acceptable)

4531 DELEON ST. SUITE 110

83

84 City

FT. MYERS

FL

85 Zip Code

33907

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE

NAME **MANGAN, JOARRROSE**

STREET ADDRESS **2525 E FIRST ST**

CITY-ST-ZIP **FT MYERS FL**

TITLE **DS** ☐ DELETE

NAME **REUTEBGA, JACQUELYN**

STREET ADDRESS **13451 MCGREGOR BLVD 4**

CITY-ST-ZIP **FT. MYERS FL**

TITLE **DT** ☐ DELETE

NAME **LEGRANDE, BARBARA**

STREET ADDRESS **P.O. BOX 2429 (N/A)**

CITY-ST-ZIP **FORT MYERS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Kelly Rozanski**

1.3 STREET ADDRESS **839 SW 29th Terr**

1.4 CITY-ST-ZIP **Cape Coral, FL 33914**

2.1 TITLE **DS** ☒ Change ☐ Addition

2.2 NAME **Jacquelyn Reitenge**

2.3 STREET ADDRESS **17210-1 Terraverve Cir.**

2.4 CITY-ST-ZIP **Fort Myers, FL 33908**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

CR2E037 (9/96)