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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90043 021 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N22094**

1. Corporation Name

**FORT MYERS WOMEN'S NETWORK, INC.**

Principal Place of Business

P O BOX 061365  
FT MYERS FL 33906

Mailing Address

P O BOX 061365  
FT MYERS FL 33906

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
21	26	06/30/1987
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2844137
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	29
24	25	30
26	27	28
29	30	31

9. Name and Address of Current Registered Agent

**SENERAT, VASANTA**  
**4531 DELEON STREET**  
**STE #110**  
**FT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	DP	1.1 TITLE	Secretary Jan Benesse DS
NAME	ROZANSKI, KELLY	1.2 NAME	PO Box 61365
STREET ADDRESS	839 SW 29TH TERR	1.3 STREET ADDRESS	Fort Myers FL 33906
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	President Jacquelyn Reitenga DP
NAME	REITENGA, JACQUELYN	2.2 NAME	17210-1 Terraverde Circle
STREET ADDRESS	17210-1 TERRAVERDE CIR	2.3 STREET ADDRESS	Fort Myers, FL 3
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	Treasurer Pamela Kotovsky DT
NAME	LEGRANDE, BARBARA	3.2 NAME	339 Tarpon Dr. #3
STREET ADDRESS	P.O. BOX 2429 N/A	3.3 STREET ADDRESS	Cape Coral FL 33904
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Vicki President Jane Stephens D
NAME		4.2 NAME	13214 Heather Ridge Loop
STREET ADDRESS		4.3 STREET ADDRESS	Fort Myers, FL 33912
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 27, 1999

941-482-5112

CR2E037 (1/98)