

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90131 042 ****61.25

DOCUMENT # N22094

1. Entity 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

2. Principal Place of Business

3. Mailing Address

P.O. Box 67715

P.O. Box 67715

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT. MYERS, FL.

City & State
FT. MYERS, FL

4. FEI Number

59-2844137

Applied For

Not Applicable

Zip

Country

Zip

Country

33906

33906

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHES, MARIE
16169 ESTUARY CT.
BOKEELIA FL 33922

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, MARIE	
STREET ADDRESS	16169 ESTUARY CT	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	JOYCE, JUDY	
STREET ADDRESS	17525 LEE ROAD	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	STEPHENS, JANE	
STREET ADDRESS	13214 HEATHER RIDGE LOOP	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	STEPHENS, JANE	
STREET ADDRESS	13214 HEATHER RIDGE LOOP	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	TORREGROSSA, SHARON	
STREET ADDRESS	1416 SW 29TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARLENE KNOLL	
STREET ADDRESS	3041 SE 11 AVE	
CITY-ST-ZIP	CAPE CORAL, FL. 33904	
TITLE	VPD PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANN DENNESE	
STREET ADDRESS	3726 SE SANTA BARBARA PL.	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAN MAWSON	
STREET ADDRESS	5408 SW. 2ND AVE	
CITY-ST-ZIP	CAPE CORAL, FL. 33914	
TITLE	V.PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHELLY DEFORGE	
STREET ADDRESS	2313 EPHRAIM AVE	
CITY-ST-ZIP	FT. MYERS, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

(941) 540-8989

CR2E037 (9/01)