2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22152

FILED Mar 08, 2009 Secretary of State

Entity Name: FLORIDA WOMEN IN GOVERNMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

604 77TH ST. E.

PALMETTO, FL 34251 US

Current Mailing Address: New Mailing Address:

604 77TH ST. E

PALMETTO, FL 34251 US

FEI Number: 59-2272766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADAMS, GALE 604 77TH ST. E.

PALMETTO, FL 34221 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

ADAMS, GALE Name: Name: 602 77TH ST. E. Address: Address: City-St-Zip: PALMETTO, FL 34221 US City-St-Zip:

Title: PD () Delete Title: PD (X) Change () Addition

ZAKRZEWSKI, JACKIE M Name: MARTIN, CHERYL A Name: Address: 1700 SUNSET DR. Address: 1114 KENWORTH DR. TARPON SPRINGS, FL 34689 US City-St-Zip: City-St-Zip: APOPKA, FL 32712 US

Title: OED () Delete Title: OED (X) Change () Addition

MARTIN, CHERYL A HILL, NANCY Name: Name: 3623 7TH AVE. W. Address: P.O. BOX 1229 Address:

City-St-Zip: APOPKA, FL 32119 US City-St-Zip: BRADENTON, FL 34205 US

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: JOHNSTON, JOAN Name: PEREZ, MARY 430 HARBOR DR. S. 12175 NE 238TH TERRACE Address: Address:

City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US City-St-Zip: SALT SPRINGS, FL 32134 US

Title: () Delete Title: (X) Change () Addition

BERES, MICHELE BRANNIGAN, DIANA Name: Name: 2600 FOREST RUN COURT 2902 E. FLORAL WAY Address: Address: City-St-Zip: CLEARWATER, FL 33756 US City-St-Zip: APOPKA, FL 32703 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: B. GALE ADAMS TD 03/08/2009