FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26118 (2)

1. Corporation Name

WOMEN'S COALITION OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
843 ELMIRA BLVD. P. O. BOX 2338 PORT CHARLOTTE FL 33949	P.O. BOX 2338 P. O. BOX 2338 PORT CHARLOTTE FL 33949-2338 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1988
3a. Date of Last Report: 04/18/1994
4. FEI Number: ~~APPLIED FOR~~ 59-2582285 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

RAGLAND CHUCK CPA
809 RIVIERA LN
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Clowee Jones 4/1/95
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	11 TITLE	PD ☒ Change ☐ Addition
NAME	CLOWEE, JONES	12 NAME	CLOWEE,JONES Address #
STREET ADDRESS	323 MANHATTAN ST.	13 STREET ADDRESS	3310 Manhattan St.
CITY-ST-ZIP	PORT CHARLOTTE FL	14 CITY-ST-ZIP	Port Charlotte Fl
TITLE	S	21 TITLE	S ☒ Change ☐ Addition
NAME	MURPHY, BETTY	22 NAME	BUTLER,JUANITA
STREET ADDRESS	638 MONACO DR	23 STREET ADDRESS	1025 TROPICAL AVE NW
CITY-ST-ZIP	PUNTA GORDA FL	24 CITY-ST-ZIP	PORT CHARLOTTE FL 33948
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	FULMORE, MAUREEN	32 NAME	
STREET ADDRESS	1552 UPSHAW TERR	33 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	34 CITY-ST-ZIP	
TITLE	SC	41 TITLE	☐ Change ☐ Addition
NAME	HILL, DOROTHY	42 NAME	300001485313
STREET ADDRESS	750 ASTER AVE	43 STREET ADDRESS	-05/12/95--01022--017
CITY-ST-ZIP	PORT CHARLOTTE FL	44 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	NUSOM, DOROTHY	52 NAME	
STREET ADDRESS	16212 CASHMERE AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Clowee Jones CLOWEE, JONES PRESIDENT 4-1-95 625-0584
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING ON BEHALF OF CORPORATION OR LIMITED PARTNERSHIP Date Daytime Phone #

CONTINUE