

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # N26118 (2)
1. Corporation Name
WOMEN'S COALITION OF SOUTHWEST FLORIDA, INC.



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

Mailing Address
P.O. BOX 2338
P. O. BOX 2338
PORT CHARLOTTE FL 33949-2338
US

3. Date Incorporated or Qualified 04/26/1988
3a. Date of Last Report 05/01/1995
4. FEI Number 59-2582285
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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
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9. Name and Address of Current Registered Agent

RAGLAND CHUCK CPA
809 RIVIERA LN
PORT CHARLOTTE FL 33948

(NO LONGER AGENT)

10. Name and Address of New Registered Agent

81 Name ALVIN J LUCAS
82 Street Address (P.O. Box Number is Not Acceptable) 1134 YORKSHIRE ST
83 Port Charlotte, FL 33952
84 City FL 85 Zip Code 33952

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

(Alvin Lucas) 5/1/96 *(XXXXXX)*
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLOWEE, JONES	
STREET ADDRESS	3310 MANHATTAN ST	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BUTLER, JUANITA	
STREET ADDRESS	1025 TROPICAL AVE NW	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FULMORE, MAUREEN	
STREET ADDRESS	1552 UPshaw TERR	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	SC	<input checked="" type="checkbox"/> DELETE
NAME	HILL, DOROTHY	
STREET ADDRESS	750 ASTER AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	(Deceased/12-1995)
TITLE	T	<input type="checkbox"/> DELETE
NAME	NUSOM, DOROTHY	
STREET ADDRESS	16212 CASHMERE AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	SC
43 STREET ADDRESS	KATHERINE TURNER
44 CITY-ST-ZIP	@2583 Adorn Ave
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	PORT CHARLOTTE FL
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

Bank deposit \$61.25

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)(k), 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: *(Clorven Jones)* (PRESIDENT)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96 *941) 625-0584*
Date Daytime Phone #

CR2E037 (12/95)