

FILE NOW: FILING FEE IS \$61.25

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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 04/16/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2582285	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent LUCAS, ALVIN J 1134 YHORKSHIRE ST PORT CHARLOTTE FL 33952		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	
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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 *Alvin J. Lucas* DATE *1/16/97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLOWEE, JONES		1.2 NAME FULMORE, MAUREEN	
STREET ADDRESS 3310 MANHATTAN ST		1.3 STREET ADDRESS 1552 UPSHAW TERR.	
CITY-ST-ZIP PORT CHARLOTTE FL		1.4 CITY-ST-ZIP PORT CHARLOTTE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME BUTLER, JUANITA		2.2 NAME	
STREET ADDRESS 1025 TROPICAL AVE NW		2.3 STREET ADDRESS	
CITY-ST-ZIP PORT CHARLOTTE FL		2.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FULMORE, MAUREEN		3.2 NAME MANNING, NOAMI	
STREET ADDRESS 1552 UPSHAW TERR		3.3 STREET ADDRESS 3283 ELKCAM BLVD	
CITY-ST-ZIP PORT CHARLOTTE FL		3.4 CITY-ST-ZIP PORT CHARLOTTE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SC	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME TURNER, KATERINE		4.2 NAME	
STREET ADDRESS 2583 ADORN AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP PORT CHARLOTTE FL		4.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NUSOM, DOROTHY		5.2 NAME	
STREET ADDRESS 16212 CASHMERE AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP PORT CHARLOTTE FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *Maureen Fulmore* DATE *1/16/97*

CR2E037 (9/96)