


FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90043 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N26118 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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1988	
21	Suite, Apt. #, etc.	28	Suite, Apt. #, etc.	4. FEI Number 59-2582285	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LUCAS, ALVIN J 1134 YHORKSHIRE ST PORT CHARLOTTE FL 33952				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 **ALVIN J. LUCAS** Alvin J. Lucas **2/16/99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULMORE, MAUREEN	1.2 NAME	
STREET ADDRESS	1552 UPSHAW TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, JUANITA	2.2 NAME	MOLINA, ARNETTA
STREET ADDRESS	1025 TROPICAL AVE NW	2.3 STREET ADDRESS	16266 CAYMAN LANE
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33955
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, CLOWEE	3.2 NAME	VP
STREET ADDRESS	3310 MANHATTAN ST	3.3 STREET ADDRESS	DUESBURY, CARMEN
CITY-ST-ZIP	PT CHARLOTTE FL 33952	3.4 CITY-ST-ZIP	1035 RIGGS ST
TITLE	SC <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, KATERINE	4.2 NAME	SC ROHLEHR, LEILIA
STREET ADDRESS	2583 ADORN AVE	4.3 STREET ADDRESS	1458 DEWITT ST
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	TD <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	<u>Maureen Fulmore</u>	6.2 NAME	
STREET ADDRESS	<u>1552 Upshaw Ter.</u>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<u>Port Charlotte 33952</u>	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Maureen Fulmore **MAUREEN FULMORE** **2/16/99** **941-625-3791**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)