**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

<b>DOCUMENT #</b>	N2611	8
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1. Corporation Name

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

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

WOMEN'	'S COALITION OF SOUTHWI	EST FLORIDA, INC.			ļ		<del></del>				
Principal Place of Business Mailing Address					$\dashv$					~ .	
843 ELMIRA BL		P.O. BOX 2338									
P. O. BOX 233 PORT CHARLO		P. Q. BOX 2338 PORT CHARLOTTE FL 33941	9-2338		ļ	{				<b>is</b> ia 11811   1881	
PURI CHARLO	,	US									
											7
2. Principal Pl	ace of Business	2a. Mailing Address			3	. Date incorporated	or Qualifed				İ
21		26				04/26/1988					┥
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			14	. FEI Number 59-2582285				ot Applicable	-
22		27				39-2302203				Additional	1
City & State	е	City & State			5	. Certifcate of Status	S Desired			equired	
23	0	28 Zip	Cour	itrv	<del>- †</del>	. Election Campaign	Eigencing		\$5.00	May Be	1
— <sup>Ζίρ</sup>	Country	29 3	_	,  ,	1 "	Trust Fund Contrib	-		•	to Fees	]
24	9. Name and Address of Current	<u> </u>	1		10	). Name and Addres		egistered A	gent		]
	3. Italia dia Adores di Callent			81 Name							
	11861 1			82 Street	Address	P.O. Box Number is	Not Accepts	hiel		<del></del>	-
LUCAS, A				511661	AUU 655	F.O. BOX (10mber 18	(tot noocpa				_
	PRINCE ST		ţ	83							
PURI CH	ARLOTTE FL 33952		- 1	24 01					85 Zip	Code	-
ı I			Ş	84 City				FL	1 ,		
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508, Florida Statutes	the at	ove-named	corporati	on submits this state	ment for the	purpose of o	hanging it	s registered enistered	
							DIGUY OLVOR			08	
- W	egistered agent, or both, in the State of	ons of, Section 617,0503, Florid	da Statu	tes.	(-71	f		100			1
office or re agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florid VINJUL CAS	da Statu	Hu	A	Lucy		2/16/9	79		
- W	m familiar with, and accept the obligate	VINJULCAS	registered	This	COLUMN WITH	reinstating)		2/16/4 DATE	79	<del></del>	(86
office or re agent. I a	m familiar with, and accept the obligation	and tion if applicable. (NOTE: F	tegistered	hi		Louis		2/16/4 DATE	99 DIRECT	ORS IN 12	11/98)
office or re agent. I a	m familiar with, and accept the obligation of the street agent AL Surfigure, typed or birted name of regetered agent	and title if applicable. (NOTE: F	13.	This section		reinstating)		2/16/4 DATE	79	ORS IN 12	7 (11/98)
office or reagent, f all SIGNATURE	m familiar with, and accept the obligate  AL  Springers, typed or printed name of registered agent  OFFICERS AND  PD  FULMORE, MAUREEN	and tion if applicable. (NOTE: F	13.	E RE		reinstating)		2/16/4 DATE	99 DIRECT	ORS IN 12	037 (11/98)
office or reagent. I all SIGNATURE	property of pure part of registered agent of PD FULMORE, MAUREEN  1552 UPSHAW TERRACE	and tion if applicable. (NOTE: F	13. 1,1 TIT 1,2 NA 1,3 STI	E ME REET ADDRESS		reinstating)		2/16/4 DATE	99 DIRECT	ORS IN 12	2E037 (11/98)
office or reagent, 1 as SIGNATURE  12. TITLE	PD FULMORE, MAUREEN 1552 UPSHAW TERRACE PORT CHARLOTTE FL	and title if epiticable. (NOTE: F	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	E REET ADDRESS Y-ST-ZP	required whea	reinstating)		2/16/4 DATE	DIRECT	ORS IN 12	R2E037
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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.

6.4 CITY-5T-2IP

6.2 NAME 6.3 STREET ADDRESS

STREET ADDRESS