

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90054 018 \*\*\*\*61.25

**DOCUMENT # N26118**

1. Entity Name

**WOMEN'S COALITION OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business

Mailing Address

843 ELMIRA BLVD - SUITE 3722  
 P. O. BOX 2338  
 PORT CHARLOTTE FL 33949

P.O. BOX 3722  
 PORT CHARLOTTE FL 33949  
 US

2. Principal Place of Business

3. Mailing Address

**CULTURAL CENTER**  
 Suite, Apt. #, etc.

**P.O. BOX #3722**  
 Suite, Apt. #, etc.

**2280 AARON ST.**

**PORT CHARLOTTE**

City & State

City & State

**PT. CHARLOTTE, 33952 FL**

**PT. CHARLOTTE, FL 33949**

Zip

Country

Zip

Country

**33952**

**FL**

**33952**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUCAS, ALVIN J**  
**1134 YHORKSHIRE ST**  
**PORT CHARLOTTE FL 33952**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Alvin J Lucas*  
**ALVIN J LUCAS**

**03/27/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **NUSOM, DOROTHY**  
 CITY-ST-ZIP **16212 CASHMERE AVE**  
**PORT CHARLOTTE FL 33954**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **S**  
 STREET ADDRESS **MOLINA, ARNETTA**  
 CITY-ST-ZIP **16266 CAYMAN LANE**  
**PORT CHARLOTTE FL 33955**

TITLE ☐ Change ☒ Addition  
 NAME **S**  
 STREET ADDRESS **MURPHY, BETTY**  
 CITY-ST-ZIP **638 MONOCA DRIVE**  
**PUNTA GORDA, FL 33950**

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **PALMER, GLORIA**  
 CITY-ST-ZIP **502 HALCREST TERR**  
**PT CHARLOTTE FL 33954**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **SC**  
 STREET ADDRESS **ROHLEHR, LEILIA**  
 CITY-ST-ZIP **1458 DEWITT ST**  
**PORT CHARLOTTE FL 33952**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **ARNOTT, SYLVIA**  
 CITY-ST-ZIP **23268 ALTMAN AVE**  
**PORT CHARLOTTE FL 33980**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **NUSOM, DOROTHY**  
 CITY-ST-ZIP **16212 CASHMERE AVE**  
**PORT CHARLOTTE FL 33954**

TITLE ☐ Change ☒ Addition  
 NAME **1st. VD**  
 STREET ADDRESS **GAMBLE, DOROTHY**  
 CITY-ST-ZIP **3383 NE BROOKLYN AVE**  
**PORT CHARLOTTE, FL 33952**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dorothy NUSOM*  
**DOROTHY NUSOM**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEE. 27,2001 941-624-3107**

Date

Daytime Phone #

CR2E037 (10/00)