

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

DOCUMENT # N26261 (0)

1. Corporation Name

WOMEN'S NETWORK OF CAPE CORAL, INC.



Principal Place of Business

**1417 DEL PARADO BLVD.
P.O. BOX 214
CAPE CORAL FL 33990**

Mailing Address

**1417 DEL PARADO BLVD.
P.O. BOX 214
CAPE CORAL FL 33990**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**PIIRAINEN, SUE
7370-304 COLLEGE PKWY
FT MYERS FL 33907**

3. Date Incorporated or Qualified
05/04/1988

3a. Date of Last Report
03/20/1995

4. FEI Number

65-0037464

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81

Name

Tench, Connie

82

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

4637 Del Prado Blvd.

83

84

City

Cape Coral

FL

Zip Code

33904

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

Connie U. Tench

(NOTE: Registered Agent's signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

SD

☐ DELETE

NAME

BARKER, HELEN

STREET ADDRESS

1003 DEL PRADO BLVD

CITY-ST-ZIP

CAPE CORAL FL

TITLE

TD

☐ DELETE

NAME

JOHNSON, JOYCE

STREET ADDRESS

1436 DEL PRADO BLVD

CITY-ST-ZIP

CAPE CORAL FL

TITLE

PD

☐ DELETE

NAME

PIIRAINEN, SUE

STREET ADDRESS

7370-304 COLLEGE PKWY

CITY-ST-ZIP

FT MYERS FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

SD

☐ Change

☐ Addition

1.2 NAME

Flack, Linda

1.3 STREET ADDRESS

4964 Seville Ct.

1.4 CITY-ST-ZIP

Cape Coral, FL 33904

2.1 TITLE

TD

☒ Change

☐ Addition

2.2 NAME

Marlene Knoll

2.3 STREET ADDRESS

1106 SE 14th St.

2.4 CITY-ST-ZIP

Cape Coral, FL 33990

3.1 TITLE

PD

☒ Change

☐ Addition

3.2 NAME

Tench, Connie

3.3 STREET ADDRESS

4637 Del Prado Blvd.

3.4 CITY-ST-ZIP

Cape Coral, FL 33904

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

400001773094

☐ Change

☐ Addition

6.2 NAME

-04/09/96--01012--012

6.3 STREET ADDRESS

*****\$1.25**

6.4 CITY-ST-ZIP

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:

Connie U. Tench

Date

Daytime Phone

CR2E037 (12/95)