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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26261 (0)

1. Corporation Name
WOMEN'S NETWORK OF CAPE CORAL, INC.

Principal Place of Business	Mailing Address
1417 DEL PRADO BLVD. P.O. BOX 214 CAPE CORAL FL 33990	1417 DEL PRADO BLVD. P.O. BOX 214 CAPE CORAL FL 33990-3749

2. Principal Place of Business	2a. Mailing Address
21 1417 Del Prado Blvd	26 1417 Del Prado Blvd
Suite, Apt. #, etc. 22 PO Box 214	Suite, Apt. #, etc. 27 PO Box 214
City & State 23 Cape Coral, FL	City & State 28 Cape Coral FL
Zip 24 33990 Country 25 USA	Zip 29 33990 Country 30 USA

3. Date Incorporated or Qualified: 05/04/1988
3a. Date of Last Report: 04/08/1996

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

9. Name and Address of Current Registered Agent

TENCH, CONNIE
4637 DEL PRADO BLVD
FT MYERS FL 33904

10. Name and Address of New Registered Agent

81 Name: KNOLL, MARLENE
82 Street Address (P.O. Box Number is Not Acceptable): 1126 Floridian Ct
83
84 City: Cape Coral FL 85 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: Marlene Knoll / MARLENE KNOLL, Treasurer DATE: 3/31/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☑ DELETE	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	FLACK, LINDA		1.2 NAME	Karen DiBella ← (DiBella)	
STREET ADDRESS	4969 SEVILLE CT.		1.3 STREET ADDRESS	309 SE 17th Terrace	
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CITY-ST-ZIP	Cape Coral, FL 33990	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KNOLL, MARLENE		2.2 NAME		
STREET ADDRESS	1106 SE 14 ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33990		2.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	TENCH, CONNIE		3.2 NAME	Holly Whittington	
STREET ADDRESS	4637 DEL PRADO BLVD		3.3 STREET ADDRESS	618 SE 12th Ct #1	
CITY-ST-ZIP	CAPE CORAL FL 33904		3.4 CITY-ST-ZIP	Cape Coral, FL 33990	
TITLE		☐ DELETE	4.1 TITLE	VD	☐ Change ☑ Addition
NAME			4.2 NAME	Sigvia Heldreth	
STREET ADDRESS			4.3 STREET ADDRESS	2134 SW 44th Terrace	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

Marlene Knoll, Treasurer 3/31/97