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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N26261**

1. Corporation Name

**WOMEN'S NETWORK OF CAPE CORAL, INC.**

Principal Place of Business

1417 DEL PRADO BLVD  
P O BOX 214  
CAPE CORAL FL 33990  
US

Mailing Address

1417 DEL PRADO BLVD  
P.O. BOX 214  
CAPE CORAL FL 33990  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/04/1988

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

9. Name and Address of Current Registered Agent

KNOLL, MARLENE  
1126 FLORIDIAN CT  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name **DEBORAH HAAS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**11451 WATERFORD VILLAGE DR**  
83 **FT MYERS FL 33913**  
84 City **FL** 85 Zip Code

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 *Deborah Haas Treasurer* **2-18-99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☒ DELETE  
NAME **MAILHOT, CHERYL-ANN**  
STREET ADDRESS **1408 SE 25TH TERRACE**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **TD** ☒ DELETE  
NAME **KNOLL, MARLENE**  
STREET ADDRESS **1126 FLORIDIAN CT**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **PD** ☒ DELETE  
NAME **WHITTINGTON, HOLLY**  
STREET ADDRESS **618 SE 12TH CT #1**  
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **VD** ☒ DELETE  
NAME **HELDRETH, SLYVIA**  
STREET ADDRESS **2134 SW 44TH TERRACE**  
CITY-ST-ZIP **CAPE CORAL FL**

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 **SECRETARY-director** ☒ Change ☐ Addition  
1.2 NAME **GRACE JODICE**  
1.3 STREET ADDRESS **2125 CORNWALLIS PKWY**  
1.4 CITY-ST-ZIP **CAPE CORAL FL 33904**

2.1 TITLE **TREASURER-director** ☒ Change ☐ Addition  
2.2 NAME **DEBORAH A. HAAS**  
2.3 STREET ADDRESS **11451 WATERFORD VILLAGE DR**  
2.4 CITY-ST-ZIP **FT MYERS FL 33913**

3.1 TITLE **PRESIDENT-director** ☒ Change ☐ Addition  
3.2 NAME **FAITH ARBORIO**  
3.3 STREET ADDRESS **1012 SE 25TH LANE**  
3.4 CITY-ST-ZIP **CAPE CORAL FL 33904**

4.1 TITLE **VICE PRESIDENT-director** ☒ Change ☐ Addition  
4.2 NAME **CHERYL-ANN MAILHOT**  
4.3 STREET ADDRESS **1408 SE 25TH LANE**  
4.4 CITY-ST-ZIP **CAPE CORAL FL 33904**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: *Deborah Haas Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-18-99 941-997-9944**

Date

Daytime Phone #

CR2E037 (11/98)