

FILE NOW: FILING FEE AFTER MAY 1 IS \$100.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N28120

(6)

1. Corporation Name

WOMEN EMPOWERED, INC.

95 MAY -1 PM 1:00

Principal Place of Business

**642 LAFAYETTE COURT
SARASOTA FL 34236**

Mailing Address

**642 LAFAYETTE COURT
SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1988

3a. Date of Last Report

08/12/1994

4. FEI Number

65-0075317

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**ZAHN, KATHLEEN
642 LAFAYETTE CT.
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Corporation Agent or person authorized to register agent and file this statement

Registered Agent Signature (required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZAHN, KATHLEEN
STREET ADDRESS	642 LAFAYETTE CT.
CITY ST ZIP	SARASOTA FL
TITLE	D
NAME	ANITA LAMBERT
STREET ADDRESS	4129 HIGEL RD.
CITY ST ZIP	SARASOTA, FL. 34242.
TITLE	D
NAME	JOANNE PERRY
STREET ADDRESS	1901 HYDE PARK ST., #D
CITY ST ZIP	SARASOTA, FL. 34239
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

REMITTED BY MAY 1

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 110.07(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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if grouped, or on an attachment with an address.

SIGNATURE:

KATHLEEN ZAHN
SIGNATURE AND TYPED OR PRINTED NAME OF BOOKING OFFICER OR DIRECTOR

DATE

1/30/95
364-8565
Telephone Number