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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:01

DOCUMENT # N31774 (5)

1. Corporation Name

TALLAHASSEE AREA WOMEN'S NETWORK, INC.

Principal Place of Business	Mailing Address
P.O. BOX 6262 TALLAHASSEE FL 32314-6262	P.O. BOX 6262 TALLAHASSEE FL 32314-6262

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1989
3a. Date of Last Report: 10/05/1994
4. FEI Number: 59-2938278 ☐ 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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

DAMMEL, ZELDA
6910 CELIA DR.
HAVANA FL 32310

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City Tallahassee 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 _____ DATE
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	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	BRODERIDGE, SHARON	1.2 NAME	Zelda Dammel	
STREET ADDRESS	1058 TALLAVANA TRAIL	1.3 STREET ADDRESS	8910 CELIA DR.	
CITY-ST-ZIP	HAVANA FL	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32310	
TITLE	VPD	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	MILLER, MARCIA	2.2 NAME	CHERRY STRICKLAND	
STREET ADDRESS	9368 CORESTOGA AVENUE	2.3 STREET ADDRESS	212 OFFICE PLAZA DR.	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	TD	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	DESSIEANN, HARVEY	3.2 NAME	BEVERLY STRICKLAND	
STREET ADDRESS	390 E HOLLY STREET	3.3 STREET ADDRESS	212 OFFICE PLAZA DR.	
CITY-ST-ZIP	MONTICELLO FL	3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	SD	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	SANSEVERO, NORMA	4.2 NAME	SHARON BRODERIDGE	
STREET ADDRESS	927 JESSICA STREET	4.3 STREET ADDRESS	1058 TALLAVANA TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	HAVANA, FL	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Beverly A. Strickland BEVERLY A. STRICKLAND 3/20/95 671-5717
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027663