

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31774** (5)

1. Corporation Name

TALLAHASSEE AREA WOMEN'S NETWORK, INC.



Principal Place of Business P.O. BOX 6262 TALLAHASSEE FL 32314-6262	Mailing Address P.O. BOX 6262 TALLAHASSEE FL 32314-6262
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/18/1989		3a. Date of Last Report 01/29/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2938278		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAMMEL, ZELDA 8910 CELIA DR. TALLAHASSEE FL 32310				81 Name Beverly Strickland			
				82 Street Address (P.O. Box Number is Not Acceptable) 212 OFFICE PLAZA DR.			
				83			
				84 City Tallahassee, FL 85 Zip Code 32301			

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 *[Signature]* DATE **2-1-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input checked="" type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME PD DEMMEL, ZELDA				1.2 NAME PD KELLY GREGG			
STREET ADDRESS 8910 CELIA DR				1.3 STREET ADDRESS P.O. BOX 6262			
CITY-ST-ZIP TALLAHASSEE FL				1.4 CITY-ST-ZIP Tallahassee, FL 32314 N/A			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME VPD STRICKLAND, CHERRY				2.2 NAME			
STREET ADDRESS 212 OFFICE PLAZA DR				2.3 STREET ADDRESS			
CITY-ST-ZIP TALLAHASSEE FL				2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME TD STRICKLAND, BEVERLY				3.2 NAME			
STREET ADDRESS 212 OFFICE PLAZA DR				3.3 STREET ADDRESS			
CITY-ST-ZIP TALLAHASSEE FL				3.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME SD BRODERIDGE, SHARON				4.2 NAME SD DESSIE HARVEY			
STREET ADDRESS 1058 TALLAVANA TRAIL				4.3 STREET ADDRESS 455 HILL ST.			
CITY-ST-ZIP HAVANA FL				4.4 CITY-ST-ZIP MONTICELLO, FL			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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 *[Signature]* DATE **2-1-97** **676-5717**

CR2E037 (9/96)