

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # N33116 (7)

1. Corporation Name

WOMEN IN TOURISM INC.

Principal Place of Business

Mailing Address

4535 GREAT LAKES DR
 CLEARWATER FL 34622
 US

4535 GREAT LAKES DR
 CLEARWATER FL 34622
 US



2. Principal Place of Business
 21 P.O. Box 3145
 Suite, Apt. #, etc.
 22
 City & State
 23 Clearwater FL
 Zip Country
 24 34630 25
 26 P.O. Box 3145
 Suite, Apt. #, etc.
 27
 City & State
 28 Clearwater FL
 Zip Country
 29 34630 30

3. Date Incorporated or Qualified 07/06/1989
 3a. Date of Last Report 04/07/1995
 4. FEI Number 59-2959938
 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

10. Name and Address of New Registered Agent

KIMBRELL, MARY E.
 1823 CYPRESS TRACE DR
 SAFETY HARBOR FL 34695

81 Name O'Hara Michele A.
 82 Street Address (P.O. Box Number is Not Acceptable) 4531 107th Circle N.
 83
 84 City Clearwater FL 85 Zip Code 34622

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 Michele A. O'Hara Michele A. O'Hara 6/19/96
 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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TD	BARBOUR, AUSTINE	128 NORTH OSCEOLA AVENUE	CLEARWATER FL	<input checked="" type="checkbox"/>
SD	ERCUIS, BRENDA	128 N OSCEOLA AVE	CLEARWATER FL	<input checked="" type="checkbox"/>
TD	BARBOUR, AUSTINE	128 N OSCEOLA AVE	CLEARWATER FL	<input checked="" type="checkbox"/>
T	LOWE, JEAN M.	4535 GREAT LAKES DR	CLEARWATER FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
V.T.D	Berlanti, Wendy	8535 Uimerton Rd.	Clearwater FL 34622	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P.D	O'Hara, Michele	P.O. Box 3145 4531 107th Circle N.	Clearwater, FL 34622	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S.D	Bright, Barbara	715 S. Gulfview Blvd.	Clearwater Beach, FL 34630	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michele A. O'Hara Michele A. O'Hara 813-571-3440
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)