## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997

NAME STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33116

(7)

WOMEN IN TOURISM INC.

Principal Place of Business			Malling Address				1 18011181 888 31107 31801 11801 41818	Bill Billi bibli bibli bibli bibli bibli bibli bibli
P.O. BOX 3145 CLEARWATER FL 34630 US		CLI	P.O. BOX 3145 CLEARWATER FL 34630-8145 US					
							3. Date Incorporated or Qualified 07/06/1989	3a. Date of Last Report 07/16/1996
2. Principal Place of Business			2a. Mailing Address				4. FEI Number 59-2959938	Applied For
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	39 293930	Not Applicable  \$8.75 Additional
22			27				5. Certificate of Status Desired	Fee Required
City & State			City & State				6. Election Campaign Financing	\$5.00 May Be
23		28	<b></b>				Trust Fund Contribution	Added to Fees
Zip	Country	$\vdash$	Zip	— <u> </u>		•	8. This corporation has liability for i	
24	9. Name and Address of Current R		30		т-			Yes No
	y, Name and Address of Curre	пі неріві	resea Agent	,	81	Name	10. Name and Address of New Re	Bisteled Agent
OILIADA	ANOUTH E A							
O'HARA, MICHELE A 4521 107TH CIRCLE N CLEARWATER FL 34622					82	Street Add	ress (P.O. Box Number is Not Acceptab	ile)
					83			
					84	City		85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above					e-named corr	poration submits this statement for the c	FL by zip code	
office or re	egistered agent, or both, in the State or familiar with, and accept the oblig	e of Floric	da. Such change was	authorize	ed by	the corpora	tion's board of directors. I hereby accep	ot the appointment as registered
SIGNATURE _								
12.	Signature, typed or printed name of registered ag OFFICERS AN			E: Rog stere	d Age	ont signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRECTORS IN 12
TITLE	VTD	VID CHILL	DELETE	1.17	ITLE		ABBITTONO/OT/ANGLO TO OTTIC	Change Addition
NAME	BERLANTI, WENDY			1.2 N				
STREET ADDRESS	8535 ULMERTON RD.		1.3 STREET ADDRESS		ADDRESS		f	
CITY-ST-ZIP	ALEXANIATED EL A1444				1.4 CITY - \$1 - 2IP			<del>!</del>
TITLE	PD		DELETE	DELETE 2.1 TITL				Change Addition
NAME	O'HARA, MICHELE			2.2 NAME				
STREET ADDRESS				2.3 S	TREET	ADDRESS		
CITY-ST-ZIP	CLERWATER FL 34622			2.40	CITY-	ST-ZIP		
TITLE	SD SD		☐ DELETE	3.17	ITLE			☐ Change ☐ Addition
NAME	BRIGHT, BARBARA			3.2 N	IAME			
STREET ADDRESS	715 S GULFVIEW BLVD.			3.3 S	TREET	ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34630					ST-ZIP	<u>:</u>	
TITLE			DELETE	4.1 T	ITLE			Change Addition
NAME				4.21	NAME			
STREET ADDRESS				4.3 \$	TREET	ADDRESS		
CITY-\$T-ZIP				4.40	ITY-S	ST- <b>Z</b> IP		
TITLE			☐ DELETE	5.1 TITLE				Change Addition
NAME				5.2 N	AME			!
STREET ADDRESS				5.3 9	TREET	ADDRESS		1
CITY-ST-ZIP	, 222, 0			5.40	HTY-S	ST - ZIP		
TITLE			☐ DELET <b>e</b>	6,1 T	ITLE			☐ Change ☐ Addition
NAME				6.2 N	IAME			!

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.

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP

ulaylan 012-511- 91005)

**FILED** 

May 09 1997 8:00am

Secretary of State