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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33116

(7)

1. Corporation Name

WOMEN IN TOURISM INC.

Principal Place of Business

Mailing Address

P.O. BOX 3145
CLEARWATER FL 34630
US

P.O. BOX 3145
CLEARWATER FL 34630
US

3. Date Incorporated or Qualified

07/06/1989

4. FEI Number

59-2959938

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 P.O. BOX 3145
Suite, Apt. #, etc.

26 P.O. BOX 3145
Suite, Apt. #, etc.

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

City & State

23 Clearwater, FL

Zip

24 33767

Country

25 USA

City & State

28 Clearwater, FL

Zip

29 33767

Country

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'HARA, MICHELE A
4521 107TH CIRCLE N
CLEARWATER FL 34622

81 Name

Wendy Berlanti

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

2595 - 310th Ave N.

83

84

St. Petersburg

FL

85 Zip Code

33713

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: *Barbara Bright*

11/10/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VTD
NAME BERLANTI, WENDY
STREET ADDRESS 8535 ULMERTON RD.
CITY-ST-ZIP CLEARWATER FL 34622

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D. ☒ Change ☐ Addition
Berlanti Wendy
2595 - 310th Ave N.
St. Petersburg, FL 33713

TITLE PD
NAME O'HARA, MICHELE
STREET ADDRESS 4521 107TH CIR.
CITY-ST-ZIP CLEARWATER FL 34622

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D. ☒ Change ☐ Addition
O'Hara Michelle
4521 107th Cir.
Clearwater, FL 34622

TITLE SD
NAME BRIGHT, BARBARA
STREET ADDRESS 715 S GULFVIEW BLVD.
CITY-ST-ZIP CLEARWATER FL 34630

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D. ☒ Change ☐ Addition
Bright, Barbara
715 S. Gulfview Blvd.
Clearwater, FL 33767

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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: *Barbara Bright* 11/10/98

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