SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

NONPROFIT 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 JUN 12 PM 2:20

DOCUMENT # N33957 (4)

1. Corporation Name

GULFCOAST EXECUTIVE WOMEN, INC.

Principal Place of Business	Mailing Address
% LINDA S. GRIFFIN 1455 COURT ST CLEARWATER FL 34616	% LINDA S. GRIFFIN 1455 COURT ST CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1989
3a. Date of Last Report: 04/05/1994
4. FEI Number: 56-7435633 ☐ 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 ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) | County (25) | Zip (29) | Country (30)

9. Name and Address of Current Registered Agent

GRIFFIN, LINDA S.
1455 COURT ST
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

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 _____ 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	P	11 TITLE	President	☒ Change ☐ Addition
NAME	~~SNYDER, GINGER~~ K	12 NAME	Kim Anton	
STREET ADDRESS	5300 W CYPRESS ST STE 105	13 STREET ADDRESS	1583 S Belcher Rd.	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Clwtr. FL 34624	
TITLE	S	21 TITLE	~~Susa~~ Secretary	☒ Change ☐ Addition
NAME	JAHR, NANCY	22 NAME	Susan Gun	
STREET ADDRESS	3320 WINDCHIME DR W	23 STREET ADDRESS	448 4th St. S. #a	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	Safety Harbor 34695	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	KING, SUE	32 NAME		
STREET ADDRESS	210 EWING AVE	33 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP		
TITLE	~~D~~	41 TITLE	Director	☒ Change ☒ Addition
NAME	FOWLER, JAN	42 NAME	Virginia Tiefz	
STREET ADDRESS	2106 DREW ST STE 104	43 STREET ADDRESS	414 Turner St.	
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	Clearwater, FL 34616	
TITLE	D	51 TITLE	Director	☐ Change ☒ Addition
NAME	BEAR, DONNA	52 NAME	Wendy Geuder	
STREET ADDRESS	3100 75TH ST N	53 STREET ADDRESS	Nine Hibiscus St.	
CITY-ST-ZIP	ST PETERSBURG FL	54 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	~~D~~	61 TITLE	President Elect	☒ Change ☐ Addition
NAME	UHRUE, NANCY	62 NAME	Nancy Unrue	
STREET ADDRESS	PO BOX 744 NA	63 STREET ADDRESS	P.O. Box 744	
CITY-ST-ZIP	CLEARWATER FL	64 CITY-ST-ZIP	Clearwater, FL	

CR2E037 (3/95)

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: Nancy E. Unrue Pres-Elect 6/5/95 449-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D01C269