

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N38890

(2)

1. Corporation Name

WOMEN IN TRANSITION, INC.

APPROVED
AND
FILED

95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
157 E. NEW ENGLAND AVENUE SUITE 400
WINTER PARK FL 32789 157 E. NEW ENGLAND AVENUE
SUITE 400
WINTER PARK FL 32789

3. Date Incorporated or Qualified 06/29/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3022313	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 ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**RHODES, LIN
157 E. NEW ENGLAND AVE. SUITE 400
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	RHODES, LIN
STREET ADDRESS	157 E. NEW ENGLAND AVE.
CITY, ST, ZIP	WINTER PARK FL
TITLE	VD
NAME	MARA, BARBARA
STREET ADDRESS	157 E. NEW ENGLAND AVE.
CITY, ST, ZIP	WINTER PARK FL
TITLE	SD
NAME	MARESMAGILES, GLORIA
STREET ADDRESS	157 E. NEW ENGLAND AVE.
CITY, ST, ZIP	WINTER PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	3D Judi DORN
33 STREET ADDRESS	157 E. New England Ave.
34 CITY, ST, ZIP	Winter Park, FL
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 110.07(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:

Lin Rhodes **LIN Rhodes, M.A.**

4/26/95

407-628-8796