

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 # N40034 (3)

1. Corporation Name

PENSACOLA WOMEN'S ALLIANCE, INC.



Principal Place of Business

Mailing Address

C/O MARY M. CALLAWAY  
1600 NORTH PALAFOX STREET  
PENSACOLA FL 32501

C/O MARY M. CALLAWAY  
1600 NORTH PALAFOX STREET  
PENSACOLA FL 32501

3. Date Incorporated or Qualified  
09/19/1990

3a. Date of Last Report  
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALLAWAY, MARY M.  
1600 NORTH PALAFOX STREET  
PENSACOLA FL 32501

81 Name

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

83

300001907903

84 City

07/30/96 01001 021

85 Zip Code

\*\*\*61.25

FL

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

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 SD  
NAME MCCURLEY, KAREN  
STREET ADDRESS 7280 PLANTATION ROAD STE B  
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE TD  
NAME DRUMMOND, PAULA  
STREET ADDRESS 316 S. BAYLEN ST STE 450  
CITY-ST-ZIP PENSACOLA FL

☒ DELETE

TITLE VPD  
NAME BAIRD, EMILY  
STREET ADDRESS 35 AVENIDA DE MANANA  
CITY-ST-ZIP PENSACOLA BEACH FL

☒ DELETE

TITLE VD  
NAME MARSHALL, PHILOMENA  
STREET ADDRESS 4400 BAYOU BLVD STE 47-C  
CITY-ST-ZIP PENSACOLA FL

☒ DELETE

TITLE PD  
NAME QUINN, DONNA  
STREET ADDRESS 1108-A GULF BREEZE PARKWAY  
CITY-ST-ZIP GULF BREEZE FL

☒ DELETE

TITLE D  
NAME CORWIN, BARBARA  
STREET ADDRESS 1517 NO 9TH AVE  
CITY-ST-ZIP PENSACOLA FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE VPD  
1.2 NAME Karen McCurley  
1.3 STREET ADDRESS 3928 Danbridge Circle  
1.4 CITY-ST-ZIP Pensacola FL 32514

☒ Change ☐ Addition

2.1 TITLE SD  
2.2 NAME Lee Martin  
2.3 STREET ADDRESS 6123 Chebisis Lane  
2.4 CITY-ST-ZIP Pensacola FL 32504

☒ Change ☐ Addition

3.1 TITLE VPD  
3.2 NAME Cheryl Howard  
3.3 STREET ADDRESS 834 Fleming Court  
3.4 CITY-ST-ZIP Pensacola FL 32514

☒ Change ☐ Addition

4.1 TITLE TD  
4.2 NAME Virginia Yeagle  
4.3 STREET ADDRESS 4728 Kitty Hawk Circle  
4.4 CITY-ST-ZIP Gulf Breeze FL 32541

☒ Change ☐ Addition

5.1 TITLE PD  
5.2 NAME Evelyn Davis  
5.3 STREET ADDRESS P.O. Box 10796 1500 E. Johnson Ave  
5.4 CITY-ST-ZIP Pensacola FL 32524 32514

☒ Change ☐ Addition

6.1 TITLE D  
6.2 NAME Pat Varnen  
6.3 STREET ADDRESS 607 Fairport Drive  
6.4 CITY-ST-ZIP Gulf Breeze FL 32541

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:

*Virginia Yeagle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/96  
Date

904-494-0250  
Daytime Phone #

06, 7/30/96 0017270

CR2E037 (3/96)