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FILED

May 13 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 PAULA DRUMMOND  
~~120 S. ALCANIZ ST.~~  
PENSACOLA FL 32501  
US

3. Date Incorporated or Qualified

09/19/1990

4. FEI Number

59-3037513

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

120 S. ALCANIZ ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

29

30

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

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)

84 City

FL

85 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

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 PD  
NAME MARSHALL, PHILOMENA  
STREET ADDRESS 120 S. ALCANIZ ST.  
CITY-ST-ZIP PENSACOLA FL  
☒ DELETE

1.1 TITLE PD  
1.2 NAME MAUREEN MCGILL  
1.3 STREET ADDRESS 120 S. ALCANIZ ST.  
1.4 CITY-ST-ZIP PENSACOLA, FL 32501  
☒ Change ☐ Addition  
"Z" not "E"

TITLE VPD  
NAME BREAEAELE, KATHY  
STREET ADDRESS ~~120 S. ALCANIZ ST.~~  
CITY-ST-ZIP PENSACOLA FL  
☐ DELETE

2.1 TITLE  
2.2 NAME KATHY BREAEAELE  
2.3 STREET ADDRESS 120 S. ALCANIZ ST.  
2.4 CITY-ST-ZIP  
☒ Change ☐ Addition  
(correct spellings)

TITLE TD  
NAME DRUMMOND, PAULA G  
STREET ADDRESS 120 S. ALCANIZ ST.  
CITY-ST-ZIP PENSACOLA FL  
☒ DELETE

3.1 TITLE JD  
3.2 NAME JUDITH OPPENHEIM  
3.3 STREET ADDRESS 120 S. ALCANIZ ST.  
3.4 CITY-ST-ZIP PENSACOLA, FL 32501  
☒ Change ☐ Addition

TITLE SD  
NAME GUTHRIE, MARION  
STREET ADDRESS 120 S. ALCANIZ ST.  
CITY-ST-ZIP GULF BREEZE FL  
☒ DELETE

4.1 TITLE D  
4.2 NAME PAULA G. DRUMMOND  
4.3 STREET ADDRESS 120 S. ALCANIZ ST.  
4.4 CITY-ST-ZIP PENSACOLA, FL 32501  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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:

*Paula G. Drummond*

4-29-98

850 432 7555

CR2E037 (10/97)