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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90171 048 \*\*\*\*61.25

DOCUMENT # N40034

1. Corporation Name

PENSACOLA WOMEN'S ALLIANCE, INC.

Principal Place of Business

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

Mailing Address

C/O PAULA DRUMMOND  
120 S ALCANIZ ST  
PENSACOLA FL 32501  
US



2. Principal Place of Business

21 120 S. ALCANIZ ST.

Suite, Apt. #, etc.

22

City & State

23 PENSACOLA FL

Zip

24 32501

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

09/19/1990

4. FEI Number

59-3037513

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name PAULA G. DRUMMOND

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

120 S. ALCANIZ ST.

83

84 City PENSACOLA

FL

85 Zip Code 32501

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

*Paula G. Drummond*

4-15-99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME MCGILL, MAUREEN  
STREET ADDRESS 120 S ALCANIZ ST  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ~~VP~~ ☐ DELETE

NAME BREAZEAL, KATHY  
STREET ADDRESS 120 S ALCANIZ ST  
CITY-ST-ZIP PENSACOLA FL

TITLE DT ☒ DELETE

NAME OPPENHEIM, JUDITH  
STREET ADDRESS 120 S ALCANIZ ST  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ~~DR~~ ☐ DELETE

NAME DRUMMOND, PAULA G.  
STREET ADDRESS 120 S ALCANIZ ST  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ DELETE

NAME RITA RONE VP/D  
STREET ADDRESS 120 S. ALCANIZ ST.  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE PRESIDENT/D ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE VICE PRESIDENT/D ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Paula G. Drummond*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

850 432 7555

Daytime Phone #

CR2E037 (1/98)

007551