

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jun 21, 1999 8:00 am**  
**Secretary of State**

06-21-1999 90002 047 \*\*\*\*61.25

**DOCUMENT # N44083**

1. Corporation Name

**FEMINIST ALTERNATIVE, INC.**

Principal Place of Business

425 LAVILLA DR  
MIAMI SPRINGS FL 33166

Mailing Address

425 LAVILLA DR  
MIAMI SPRINGS FL 33166



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/24/1991

4. FEI Number

NOT-APPLICABLE

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

MCNICHOLS, MELINDA L.  
425 LAVILLA DR  
MIAMI SPRINGS FL 33166

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 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 D ☐ DELETE  
NAME SNYDER, JULIE  
STREET ADDRESS 1200 SAN REMO  
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ DELETE  
NAME HARRINGTON, ANN  
STREET ADDRESS 425 LAVILLA DR.  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME ASKOWITZ, BONNIE  
STREET ADDRESS 12101 SW 93RD AVE.  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME BOHNSACK, FRANCES M.  
STREET ADDRESS 5700 SW 67TH AVE.  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME MCNICHOLS, MELINDA  
STREET ADDRESS 425 LAVILLA DR  
CITY-ST-ZIP MIAMI SPRINGS 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 ☐ 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 ☐ 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:

*Melinda L. McNichols*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-99 1-305-375-5218

Date

Daytime Phone #

CR2E037 (11/98)

0085150