FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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95 MAY 23 PM 10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N93000000243 (6)**

1. Corporation Name

SON FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
940 CALIPH STREET OPA LOCKA FL 33054	940 CALIPH STREET OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1951
3a. Date of Last Report: 11/04/1994
4. FEI Number: 59-0766973 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PETERSON, JOHN LEE JR.
940 CALIPH STREET
OPA LOCKA FL 33054

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: Linda B. James Felton — 04-26-95
(Appointed registered agent signature required when necessary) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN '95	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PETERSON, JOHN LEE JR.	12 NAME	
STREET ADDRESS	901 SALIH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	14 CITY-ST-ZIP	
TITLE	CT	21 TITLE	CT ☒ Change ☐ Addition
NAME	BAIN, CINDA S	22 NAME	James Felton, Linda
STREET ADDRESS	921 EAST 15TH PLACE	23 STREET ADDRESS	3241 N.W. 173rd Terr.
CITY-ST-ZIP	HIALEAH FL 33010	24 CITY-ST-ZIP	Carol City, Fla 33055
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	LIGHTSEY, WILLIE P	32 NAME	
STREET ADDRESS	915 CODADAD ST.	33 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	BAIN, MARY L	42 NAME	
STREET ADDRESS	1020 CALIPH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	FRANICS, PHILIP	52 NAME	
STREET ADDRESS	920 SALIH ST.	53 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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 the 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: John Lee Peterson — April 26, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

000344

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

DOCUMENT # N93000002275 (6)

1. Corporation Name
FLORIDA NATIONAL ORGANIZATION FOR WOMEN, INC.

Principal Place of Business
11280 FREEDOM COURT
SEMINOLE FL 34642

Mailing Address
11280 FREEDOM COURT
SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1830184 — 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 FL NOW
22 1409 Rodman St.
Hollywood, FL 33020-6435
23 City & State
24 Zip 25 Country Broward

2a. Mailing Address
26 Siobhan McLaughlin c/o
27 1409 Rodman St.
Hollywood, FL 33020-6435
28 City & State
29 Zip 30 Country Broward

9. Name and Address of Current Registered Agent
MCLAUGHLIN, SIOBHAN
1409 RODMAN STREET
HOLLYWOOD FL 33020

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: McLaughlin Siobhan McLaughlin 4 May 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	
NAME	MCLAUGHLIN, SIOBHAN	
STREET ADDRESS	1409 RODMAN ST	
CITY ST ZIP	HOLLYWOOD FL 33020	
TITLE	D	D FL NOW X
NAME	JOYNER, BRENDA	Linda Peterson
STREET ADDRESS	P O BOX 2678 N/A	1001 NW 93rd Terrace
CITY ST ZIP	TALLAHASSEE FL 32316	Plantation, FL 33322
TITLE	D	D ☒ Change ☐ Addition
NAME	WEBSTER, THEO	Denise Johnson
STREET ADDRESS	759 ALTON AVE	6219 57th Avenue
CITY ST ZIP	ORLANDO FL 32804	St Petersburg, FL 33709
TITLE	D	D ☒ Change ☐ Addition
NAME	VAN PELT, TONI	Lauren Penney
STREET ADDRESS	11280 FREEDOM CT	9209 Seminole Blvd #177
CITY ST ZIP	SEMINOLE FL	Seminole, FL 34642
TITLE	D	D ☒ Change ☐ Addition
NAME	SISK, DEBBIE	Joan Harden
STREET ADDRESS	6512-B N. LAGOON DR	168 Imperial Southgate
CITY ST ZIP	PANAMA CITY BEACH FL 32408	Lakeland, FL 33803
TITLE	D	D ☒ Change
NAME	SEIDE, M J	Rosalind Murray
STREET ADDRESS	9610 W DAFFODIL LANE	4240 B Village Drive
CITY ST ZIP	MIRAMAR FL 33025	Delray Beach, FL 33445

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: Siobhan McLaughlin 4 May 1995 305 920 7715
Signature and typed or printed name of signing officer or director: Siobhan McLaughlin — Date — Daytime Phone #

0087023