**APPROVED** SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT QUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). AND NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 1998 MAR 12 PM 1:55 Secretary of State 1997/1998 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # N93000000808 (6) THE GENDER EQUITY AND THE LAW COMMITTEE OF THE T WELFTH JUDICIAL CIRCUIT, INC. Principal Place of Business Mailing Address 1800 SECOND STREET SUITE 180 900. SARASOTA FL 34238 1800 SECOND STREET SUITE 180 (CD) SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 03/03/1993 03/25/1996 2a. Mailing Address Principal Place of Business 4. FEI Number 2. Applied For NOT APPLICABLE 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country This corporation owes or has paid the current year Intangible ☐ No 24 29 30 Personal Property Tax due June 30. ☐ Yes 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HIBBELN, BRENDA S 82 Street Address (P.O. Box Number Is Not Acceptable) 1800 SECOND STREET SUITE 900 00000<del>2450900--</del> 63 SARASOTA FL 34236 85 Zip Code 84 City ###236 25

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 occapitatered agent, or both, in the State of Elevida. 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 617.0502. Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE  $\overline{CD}$ Change Addition Angel a Baker WILFORD, GENEVA 12 NAME Winchester Drive NAME 7203 18TH AVE N.W. 1.3 STREET ADDRESS STREET ADDRESS 34234 **BRADENTON FL 34209** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE COD 2.1 TITLE Cotherine Wanna maker 5765 Andover Circle PROSNIT, SYLVIA NAME 2.2 NAME 3860 MARINERS WAY STREET ADDRESS 2.3 STREET ADDRESS 34233 Sarasota SARASOTA FL 34215 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE TD JUDSON, ROBERT NAME 3.2 NAME STREET ADDRESS 937 CALOOSA DR. 3.3 STREET ADDRESS SARASOTA FL 34234 CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE 4.1 TITLE TITLE REINSTATEMEN NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 000002450900 STREET ADDRESS **5.3 STREET ADDRESS** -03/17/98--01015--006 2 CITY-ST-ZIP 5.4 CITY - ST- ZIP ☐ Change ☐ Add \*\*\*\*\*\*\*61.25 DELETE Addition TITLE 6.1 TITLE \*\*\*\*61.25 NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP

14. I do 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 REQUIRED

CITY-ST-ZIP