

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**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90084 041 \*\*\*\*61.25

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**DOCUMENT # N93000000808**

1. Corporation Name

**THE GENDER EQUITY AND THE LAW COMMITTEE OF THE  
WELFTH JUDICIAL CIRCUIT, INC.**

Principal Place of Business

1800 SECOND STREET  
SUITE 900  
SARASOTA FL 34236

Mailing Address

1800 SECOND STREET  
SUITE 900  
SARASOTA FL 34236



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/03/1993

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

HIBBELN, BRENDA S  
1800 SECOND STREET  
SUITE 900  
SARASOTA FL 34236

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 CD  
NAME WILFORD, GENEVA  
STREET ADDRESS 7203 18TH AVE N.W.  
CITY-ST-ZIP BRADENTON FL 34209 ☒ DELETE

TITLE CD  
NAME PROSNIT, SYLVIA  
STREET ADDRESS 3860 MARINERS WAY  
CITY-ST-ZIP SARASOTA FL 34215 ☒ DELETE

TITLE TD  
NAME JUDSON, ROBERT  
STREET ADDRESS 937 CALOOSA DR.  
CITY-ST-ZIP SARASOTA FL 34234 ☐ DELETE

TITLE CD  
NAME BAKER, ANGEL A  
STREET ADDRESS 5211 WINCHESTER DRIVE  
CITY-ST-ZIP SARASOTA FL 34234 ☒ DELETE

TITLE S  
NAME WANNAMAKER, CATHRINE  
STREET ADDRESS 5765 ANDOVER CIRCLE  
CITY-ST-ZIP SARASOTA FL 34233 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD  
1.2 NAME WILLIAM HODGE  
1.3 STREET ADDRESS 6470 MORNING DOVE DR # 205  
1.4 CITY-ST-ZIP BRADENTON FL 34209 ☒ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE SD  
5.2 NAME MARCIA B JUDSON  
5.3 STREET ADDRESS 937 CALOOSA DR  
5.4 CITY-ST-ZIP SARASOTA FL 34234 ☒ Change ☒ Addition

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, with all other like empowered.

SIGNATURE:

*Robert Judson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 4, 1999

Date

(941) 954-8831

Daytime Phone #

CR2E037 (1/198)