

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000002275 (6)**

1. Corporation Name

FLORIDA NATIONAL ORGANIZATION FOR WOMEN, INC.



Principal Place of Business

Mailing Address

**1409 RODMAN ST.
HOLLYWOOD FL 33020-6435
US**

**% SIOBHAN MCLAUGHLIN
1409 RODMAN ST.
HOLLYWOOD FL 3320-455
US**

3. Date Incorporated or Qualified
05/17/1993

3a. Date of Last Report
05/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCLAUGHLIN, SIOBHAN
1409 RODMAN STREET
HOLLYWOOD FL 33020**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MCLAUGHLIN, SIOBHAN**
STREET ADDRESS **1409 RODMAN ST**
CITY - ST - ZIP **HOLLYWOOD FL 33020**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **PETERSON, LINDA**
STREET ADDRESS **1001 NW 93RD TERRACE**
CITY - ST - ZIP **PLANTATION FL**

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

TITLE **D** ☒ DELETE
NAME **JOHNSON, DENISE**
STREET ADDRESS **6219 57TH AVENUE**
CITY - ST - ZIP **ST. PETERSBURG FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **RACHEL JENSEN**
3.3 STREET ADDRESS **623 W. PENSACOLA ST. #A**
3.4 CITY - ST - ZIP **TALLAHASSEE, FL. 32304**

TITLE **D** ☐ DELETE
NAME **PENNEY, LAUREN**
STREET ADDRESS **9209 SEMINOLE BLVD., #177**
CITY - ST - ZIP **SEMINOLE FL**

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

TITLE **D** ☐ DELETE
NAME **HARDEN, JEAN**
STREET ADDRESS **168 IMPERIAL SOUTHGATE**
CITY - ST - ZIP **LAKELAND FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **MURRAY, ROSALIND**
STREET ADDRESS **4240 B VILLAGE DRIVE**
CITY - ST - ZIP **DELRAY BEACH FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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:

Lauren R. Penny **LAUREN R. PENNY**

3-15-96

Date

1-813-398-4360

Daytime Phone #

CR2E037 (12/95)