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FILED  
Feb 09 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

11280 FREEDOM COURT  
SEMINOLE FL 33772  
US

11280 FREEDOM COURT  
SEMINOLE FL 33772  
US

3. Date Incorporated or Qualified

05/17/1993

4. FEI Number

59-1830184

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENNY, LAUREN R  
8994 SEMINOLE BLVD.  
STE. 5  
SEMINOLE FL 33772

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 PD  
NAME VAN PELT, TOM  
STREET ADDRESS 11280 FREEDOM COURT  
CITY-ST-ZIP SEMINOLE FL 33772 ☐ DELETE

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

TITLE VPD  
NAME JAFFE, SHEILA  
STREET ADDRESS 7453 CHABLIS COURT  
CITY-ST-ZIP BOCA RATON FL 33433 ☐ DELETE

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

TITLE MD  
NAME ROSEN, DORIS  
STREET ADDRESS 88511 GREENLEAF COURT  
CITY-ST-ZIP PORT RICHEY FL 34868 ☐ DELETE

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

TITLE LD  
NAME STRICKLAND, CHERRY  
STREET ADDRESS 1118 LOWER BRIDGE ROAD  
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ DELETE

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

TITLE S  
NAME MURRAY, ROSALIND  
STREET ADDRESS 2 NORTH WEST 18TH ST.  
CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ DELETE

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

TITLE TD  
NAME PENNY, LAUREN R  
STREET ADDRESS 8994 SEMINOLE BLVD. STE. 5  
CITY-ST-ZIP SEMINOLE FL 33772 ☐ DELETE

6.1 TITLE  
6.2 NAME ☐ Change ☐ Addition  
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 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:

Lauren R. Penny

1-29-98

1-813-398-4360

CR2E037 (10/97)