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**Feb 25, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N93000002275**

1. Corporation Name

**FLORIDA NATIONAL ORGANIZATION FOR WOMEN, INC.**

Principal Place of Business

11280 FREEDOM COURT  
 SEMINOLE FL 33772  
 US

Mailing Address

11280 FREEDOM COURT  
 SEMINOLE FL 33772  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

05/17/1993

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

9. Name and Address of Current Registered Agent

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

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 PD ☐ DELETE

NAME VAN PELT, TONI  
 STREET ADDRESS 11280 FREEDOM COURT  
 CITY-ST-ZIP SEMINOLE FL 33772

TITLE VPD ☐ DELETE

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

TITLE MD ☐ DELETE

NAME ROSEN, DORIS  
 STREET ADDRESS 88511 GREENLEAF COURT  
 CITY-ST-ZIP PORT RICHEY FL 34668

TITLE LD ☒ DELETE

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

TITLE S ☐ DELETE

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

TITLE TD ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE LD ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

ROSS, JOANNE  
 19223 OAK WAY DR  
 HUDSON

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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 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:

*Lauren R. Penny*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99

Date

1-27-398-4360

Daytime Phone #

CR2E037 (11/98)