

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90365 017 *****70.00

DOCUMENT # N93000002275

1. Entity 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

1965 SOUTH OCEAN DR. #175
 Suite, Apt. #, etc.
 175

3. Mailing Address

21105 SE 144TH LANE
 Suite, Apt. #, etc.

City & State

HALLANDALE FL

City & State

UMATILLA FL

Zip

33009

Country

USA

Zip

32784

Country

USA

4. FEI Number

59-1830184

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

DONNA SLUTIAK

Street Address (P.O. Box Number is Not Acceptable)

21105 SE 144TH LANE

City

UMATILLA

FL

Zip Code

32784

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Donna M Slutiak, treasurer

4/30/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN PELT, TONI 11280 FREEDOM COURT SEMINOLE FL 33772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JAFKE, SHEILA 7453 CHABLIS COURT BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ROSEN, DORIS 88511 GREENLEAF COURT PORT RICHEY FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LD ROSS, JOANNE 18223 OAK WAY DR HUDSON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEEKS, SANDRA L 2994 SEMINOLE BLVD STE 5 SEMINOLE FL 33772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PENNY, LAUREN R 8994 SEMINOLE BLVD. STE. 5 SEMINOLE FL 33772	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CLARICE POLLOCK 1965 SOUTH OCEAN DRIVE #175 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SANDRA L WEEKS 9209 SEMINOLE BLVD #177 SEMINOLE, FL 33772-3136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBERSHIP DIRECTOR NATALIE ANDRE 198 SW 13TH AVE BOCA RATON FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEGISLATIVE DIRECTOR KATHERINE KELLY 160 ROYAL PALM WAY PALM BEACH FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY HELEN WALL 6066 113TH AVE N. PINELLAS PARK FL 33782	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DONNA SLUTIAK 21105 SE 144TH LANE UMATILLA FL 32784	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna M Slutiak DONNA M. SLUTIAK

4/30/01

352/821-3790

CR2E037 (10/00)