

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000002275

FILED
Aug 09, 2002
Secretary of State

Entity Name: FLORIDA NATIONAL ORGANIZATION FOR WOMEN, INC.

Current Principal Place of Business:

1965 SOUTH OCEAN DR #175
175
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

21105 SE 144TH LANE
UMATILLA, FL 32784 US

New Mailing Address:

FEI Number: 59-1830184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SLUTIAK, DONNA
21105 SE 144TH LANE
UMATILLA, FL 32784 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POLLOCK, CLARICE
Address: 1965 SOUTH OCEAN DRIVE #175
City-St-Zip: HALLANDALE, FL 33009 US

Title: VP () Delete
Name: WEEKS, SANDRA L
Address: 9209 SEMINOLE BLVD #177
City-St-Zip: SEMINOLE, FL 337723136

Title: MD () Delete
Name: ANDRE, NATALIE
Address: 198 SW 13TH AVE
City-St-Zip: BOCA RATON, FL 33486

Title: LD () Delete
Name: KELLY, KATHERINE
Address: 160 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL 33480

Title: S () Delete
Name: WALL, HELEN
Address: 6066 113TH AVE N
City-St-Zip: PINELLAS PARK, FL 33782

Title: T () Delete
Name: SLUTIAK, DONNA
Address: 21105 SE 144TH LANE
City-St-Zip: UMATILLA, FL 32784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA M SLUTIAK

T

08/09/2002

Electronic Signature of Signing Officer or Director

Date