

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90137 030 ****70.00

DOCUMENT # N93000002275					
1. Entity Name FLORIDA NATIONAL ORGANIZATION FOR WOMEN, INC.					
Principal Place of Business 21105 SE 144TH LANE UMATILLA, FL 32784 US			Mailing Address 21105 SE 144TH LANE UMATILLA, FL 32784 US		
2. Principal Place of Business 2600 N. Flagler Dr. Suite, Apt. #, etc. 207			3. Mailing Address 2600 N. Flagler Dr. Suite, Apt. #, etc. 207		
City & State West Palm Beach, FL			City & State West Palm Beach, FL		
Zip 33407			Country PAIM BEACH		
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 SLUTIAK, DONNA 21105 SE 144TH LANE UMATILLA, FL 32784			7. Name and Address of New Registered Agent Shirley Y. Herman 2600 N. Flagler Dr. #207 West Palm Beach, FL 33407		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Shirley Y. Herman</i> Shirley Y. Herman 9/2/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MIKLOWITZ, LINDA 2542 ARTHUR'S COURT TALLAHASSEE, FL 32301	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Clarice Polloch 1965 S. Ocean Dr. #17-5 HALLANDALE, FL 33009	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BROWNE, KIMBERLY 3002 NW 51ST ST. DRIVE GAINESVILLE, FL 32605	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Shirley Y. Herman 2600 N. Flagler Dr. #207 West Palm Beach, FL 33407	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD ANDRE, NATALIE 198 SW 13TH AVE BOCA RATON, FL 33486	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Sandra Weeks 9209 Seminole Blvd. #177 SEMINOLE, FL 33772	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	LD KELLY, KATHERINE 160 ROYAL PALM WAY PALM BEACH, FL 33480	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jennifer Cohen 2271 Leryl Ave. Northport Estate, FL 34286	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WALL, HELEN 6066 113TH AVE N PINELLAS PARK, FL 33782	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jessica McCaffrey 5633 Duke Rd. JACKSONVILLE, FL 32207	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SLUTIAK, DONNA 21105 SE 144TH LANE UMATILLA, FL 32784	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V	☒ Change ☐ 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: <i>Shirley Y. Herman</i> Shirley Y. Herman 9/2/05 561-596-7780 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					