


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90026 003 ****61.25

DOCUMENT # N93000002275					
1. Entity Name FLORIDA NATIONAL ORGANIZATION FOR WOMEN, INC.					
Principal Place of Business 2600 N FLAGLER DR 207 WEST PALM BEACH, FL 33407 US			Mailing Address 2600 N FLAGLER DR 207 WEST PALM BEACH, FL 33407 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1830184	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HERMAN, SHIRLEY J 2600 N FLAGLER DR, # 207 WEST PALM BEACH, FL 33407			Name <u>HERMAN, SHIRLEY Y</u> Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State <u>FL</u> Zip Code _____		
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: <u>Shirley Y. Herman</u> <u>5/9/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARICE, POLLOCK 1965 S OCEAN DR, # 17-S HALLANDALE, FL 33009	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition POLLOCK, CLARICE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERMAN, SHIRLEY T 2600 N FLAGLER DR, # 207 WEST PALM BEACH, FL 33407	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HERMAN, SHIRLEY Y			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete WEEKS, SANDRA 9209 SEMINOLE BLVD, # 177 SEMINOLE, FL 33772	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BLANCHARD JANE 2940 YORKTOWN ST. SARASOTA, FL 34231			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete COHEN, JENNIFER 227 LERYL AVE NORTH PORT ESTATE, FL 334286	D <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCCAFFREY, JESSICA 5633 DUKE RD JACKSONVILLE, FL 32207	D <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete SLUTIAK, DONNA 21105 SE 144TH LANE UMATILLA, FL 32784	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6175 S. HIGHWAY 314A OCKLAWAHA, FL 32179			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Shirley Y. Herman</u> <u>5/9/06</u> <u>561-802-3722</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					