2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# N93000002275

Entity Name: FLORIDA NATIONAL ORGANIZATION FOR WOMEN, INC.

Current Principal Place of Business:

6825 NW 43 PLACE
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

6825 NW 43 PLACE
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 59-1830184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LABBE, ELIZABETH D
6825 NW 43 PLACE
GAINESVILLE, FL 32606 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:	S	( ) Delete
Name:	MANGAN, KELLY	
Address:	1701 NE 75TH STREET	
City-St-Zip:	GAINESVILLE, FL 32641 US	
Title:	T	( ) Delete
Name:	LABBE, ELIZABETH D	
Address:	6825 NW 43 PLACE	
City-St-Zip:	GAINESVILLE, FL 32606 US	
Title:	D	( ) Delete
Name:	BLANCHARD, JANE	
Address:	2940 YORKTOWN ST.	
City-St-Zip:	SARASOTA, FL 34231	
Title:	D	( ) Delete
Name:	SCHEINER, CICELY	
Address:	515 DANIELS AVENUE	
City-St-Zip:	ORLANDO, FL 32801	
Title:	P	( ) Delete
Name:	MCCAFFREY, JESSICA	
Address:	403 EAST 3RD STREET	
City-St-Zip:	JACKSONVILLE, FL 32206	
Title:	V	( ) Delete
Name:	SLUTIAK, DONNA	
Address:	6175 S. HIGHWAY 314A	
City-St-Zip:	OCKLAWAHA, FL 32179	

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:	D	(X) Change ( ) Addition
Name:	KNIGHT, MICHELLE	
Address:	1494 LINKSIDE DR.	
City-St-Zip:	ATLANTIC BEACH, FL 32233	
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 exemption stated 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 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: ELIZABETH D LABBE T 01/17/2008

Electronic Signature of Signing Officer or Director — Date