

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000004434 (7)**

1. Corporation Name

**GULF COAST EXECUTIVE WOMEN IN HEALTH CARE, INC.**



Principal Place of Business

**8329 ARCHWOOD CIR  
C/O MS. MARIA SHEATS  
TAMPA FL 33615**

Mailing Address

**8329 ARCHWOOD CIR  
C/O MS. MARIA SHEATS  
TAMPA FL 33615**

3. Date Incorporated or Qualified

**09/27/1993**

3a. Date of Last Report

**10/11/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3224355**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PANKAU, BARBARA R  
401 E. JACKSON STREET  
SUITE 2700  
TAMPA FL 33602**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Barbara Pankau

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

(NOTE: Registered Agent signature required when reinstating)

4/29/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **SHEATS, MARIA**  
STREET ADDRESS **8329 ARCHWOOD CIR**  
CITY-ST-ZIP **TAMPA FL 33615**

1.1 TITLE **Director - SD** ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE

NAME **HAYNES, CRYSTAL**  
STREET ADDRESS **206 2ND ST E**  
CITY-ST-ZIP **BRADENTON FL 34208**

2.1 TITLE **TD** ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **MCCLERNON, SUSAN**  
STREET ADDRESS **701 6TH ST S**  
CITY-ST-ZIP **ST PETERSBURG FL**

3.1 TITLE **President - P** ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE

NAME **BRAXTAN, JACQUELINE**  
STREET ADDRESS **250 2ND ST E SUITE 3D**  
CITY-ST-ZIP **BRADENTON FL 34208**

4.1 TITLE **President-Elect - VP** ☐ Change ☒ Addition

4.2 NAME **Anita Ramirez**  
4.3 STREET ADDRESS **3550 Village Way**  
4.4 CITY-ST-ZIP **Tampa, FL 33629**

TITLE **D** ☒ DELETE

NAME **HERNDON, LYNDIA L**  
STREET ADDRESS **1941 WALDEMERE ST**  
CITY-ST-ZIP **SARASOTA FL 34239**

5.1 TITLE **Jeanette Taft** ☐ Change ☒ Addition

5.2 NAME **Director**  
5.3 STREET ADDRESS **3010 W. Azeele Street**  
5.4 CITY-ST-ZIP **Tampa, FL 33609**

TITLE **D** ☐ DELETE

NAME **PANKAU, BARBARA**  
STREET ADDRESS **401 E. JACKSON ST. STE. 2700**  
CITY-ST-ZIP **TAMPA FL 33602**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maria M. Sheats

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

DATE

845-8682

DAYTIME PHONE #

CR2E037 (12/95)