

# 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 # N93000005414 (8)**

1. Corporation Name

**FLORIDA WWINS: WOMEN'S WORK INTERESTS AND NETWORKING SERVICES, INC.**



Principal Place of Business

Mailing Address

**2721 NEUCHATEL DR.  
TALLAHASSEE FL 32303**

**PO BOX 4277  
TALLAHASSEE FL 32315**

3. Date Incorporated or Qualified  
**12/01/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

4. FEI Number  
**59-3212777**

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

**REEVES-LIPSCOMB, DORIS  
2721 NEUCHATEL DR.  
TALLAHASSEE FL 32303**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **REEVES-LIPSCOMB, DORIS**  
STREET ADDRESS **2721 NEUCHATEL DR.**  
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE **Director** ☐ Change ☒ Addition  
1.2 NAME **LIZ GOODMAN**  
1.3 STREET ADDRESS **2417 Oakdale Street**  
1.4 CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **TD** ☐ DELETE  
NAME **REEVES, DIANNE M**  
STREET ADDRESS **181 EBBTIDE DR.**  
CITY-ST-ZIP **N. PALM BEACH FL**

2.1 TITLE **Dr.** ☐ Change ☒ Addition  
2.2 NAME **Shelia Hankins Jareh**  
2.3 STREET ADDRESS **3432 Robinwood Rd**  
2.4 CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **SD** ☐ DELETE  
NAME **POLLOCK, DAWN T**  
STREET ADDRESS **1937 CHARLAIS STREET**  
CITY-ST-ZIP **TALLAHASSEE FL**

3.1 TITLE **Dr.** ☐ Change ☒ Addition  
3.2 NAME **Karen Woodall**  
3.3 STREET ADDRESS **524 E College St**  
3.4 CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **VD** ☐ DELETE  
NAME **WOOD, GLENDA M**  
STREET ADDRESS **2983 BAY SHORE DR.**  
CITY-ST-ZIP **TALLAHASSEE FL**

4.1 TITLE **Dr.** ☐ Change ☒ Addition  
4.2 NAME **Conchita Breto S**  
4.3 STREET ADDRESS **5208 Alton Rd**  
4.4 CITY-ST-ZIP **Miami Bch., FL 33140**

TITLE **DD** ☐ DELETE  
NAME **MARTINEZ, NINA**  
STREET ADDRESS **1540 PINE FOREST DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **HAMILTON, SANDIE**  
STREET ADDRESS **140 SHADOW WAY 2306 Rajel Ave**  
CITY-ST-ZIP **MIAMI SPRINGS FL Safety Harbor, FL**

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: **Dianne M. Reeves** **4/25/96** **(407) 881-9212**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)