


FILE NOW: FILING FEE IS \$61.25

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Jul 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005414 (8)**

1. Corporation Name  
**FLORIDA WWINS: WOMEN'S WORK INTERESTS AND NETWORK  
KING SERVICES, INC.**

Principal Place of Business <b>2721 NEUCHATEL DR. TALLAHASSEE FL 32303</b>	Mailing Address <b>PO BOX 4277 TALLAHASSEE FL 32315-4277</b>
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3. Date Incorporated or Qualified <b>12/01/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-3212777</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD REEVES-LIPSCOMB, DORIS 2721 NEUCHATEL DR. TALLAHASSEE FL	1.1 TITLE	LIZ GOODMAN 4604 RICHARDS CT TAMPA, FL 33611
NAME	REEVES, DIANNE M	1.2 NAME	
STREET ADDRESS	181 EBBTIDE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	SD POLLOCK, DAWN T	2.1 TITLE	Shelia Hankins Jarrett
NAME	1937 CHARLAIS STREET	2.2 NAME	3432 Robinhood Rd
STREET ADDRESS	TALLAHASSEE FL	2.3 STREET ADDRESS	Tallahassee, FL 32312
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD WOOD, GLENDA M	3.1 TITLE	Conchy Bretas
NAME	2983 BAY SHORE DR.	3.2 NAME	3208 Alton Rd
STREET ADDRESS	TALLAHASSEE FL	3.3 STREET ADDRESS	Miami Bch, FL 33140
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DD MARTINEZ, NINA	4.1 TITLE	
NAME	1540 PINE FOREST DRIVE	4.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D HAMILTON, SANDIE	5.1 TITLE	
NAME	2366 RAJEL AVE	5.2 NAME	
STREET ADDRESS	SAFETY HARBOR FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)