

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

1997 MAY -1 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N93000005702 (6)

1. Corporation Name

100 DISTINGUISHED WOMEN FOR EDWARD WATERS COLLEGE, INC.

Principal Place of Business

Mailing Address

112 W ADAMS ST
SUITE 1814
JACKSONVILLE FL 32202

112 W ADAMS ST
SUITE 1814
JACKSONVILLE FL 32202-3837

3. Date Incorporated or Qualified
12/20/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 40 East State Street

26 40 East State Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Country

Zip

Country

24 32202

25

29 32202

30

4. FEI Number

59-3211076

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

PARKER, ATTY AVA L
112 W ADAMS ST
STE 1814
JACKSONVILLE FL 32202

81 Name

Parker, Ava L.

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

603 N. Market Street

83

84 City

Jacksonville

FL

85 Zip Code

32202

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 ☐ DELETE

PD
NAME RILEY, LIZ
STREET ADDRESS 3003 DONNA DR
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ DELETE

VD
NAME HARTSFIELD, CYNTHIA
STREET ADDRESS 9338 THOMAS DUKES DR
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE ☐ DELETE

SD
NAME RHONE, FELICIA
STREET ADDRESS 9335 THOMAS DUKES CT
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE ☐ DELETE

T
NAME GRIFFIN, CYNTHIA
STREET ADDRESS 4072 THICKET LN
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

PD

12 NAME

Yates, Elizabeth

13 STREET ADDRESS

3003 Donna Dr.

14 CITY-ST-ZIP

Jacksonville, FL 32205

2.1 TITLE

D

2.2 NAME

Cummings, Martha C.

2.3 STREET ADDRESS

11857 Honey Locust Dr.

2.4 CITY-ST-ZIP

Jacksonville, FL 32223

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE

Sandra B. Mortham

4/21/97

944-355-8262

CR2E037 (9/96)