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May 08 1997 8:00am  
Secretary of StateNONPROFIT  
CORP.  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000002031 (2)

1. Corporation Name

NATIONAL WOMEN'S POLITICAL CAUCUS GWEN CHERRY CH  
APTER, INC.

Principal Place of Business

Mailing Address

2612 ACACIA CT  
FT. LAUDERDALE FL 33301  
US2612 ACACIA CT  
FT. LAUDERDALE FL 33301-2716  
US3. Date Incorporated or Qualified  
04/21/19943a. Date of Last Report  
09/23/1996

2. Principal Place of Business

2a. Mailing Address

21 4220 SW 9 ST

26 4220 SW 9 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
59-2145815Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. 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

COLEMAN, SUZANNE S  
2612 ACACIA CT  
FT. LAUDERDALE FL 3330181 Name Jamie Bloodworth  
82 Street Address (P.O. Box Number is Not Acceptable)  
4220 SW 9 ST  
83  
84 City Plantation FL 85 Zip Code 33317

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.

Jamie Bloodworth Jamie Bloodworth

4/8/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME COLEMAN, SUZANNE S  
STREET ADDRESS 2612 ACACIA CT  
CITY-ST-ZIP FT LAUDERDALE FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE T ☒ DELETE  
NAME WOOD, JOHNETTE M  
STREET ADDRESS 9501 SHADOW WOOD LANE  
CITY-ST-ZIP CORAL SPRINGS FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D ☐ DELETE  
NAME BLOODWORTH, JAMIE  
STREET ADDRESS 4220 S W 9TH ST  
CITY-ST-ZIP PLANTION FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Treasurer  
4.3 STREET ADDRESS Amy B. Romer  
4.4 CITY-ST-ZIP 950 SW 95 Ave  
Plantation FL 33317TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME Director  
5.3 STREET ADDRESS Beverly Cothern  
5.4 CITY-ST-ZIP 4220 SW 9 ST  
Plantation FL 33317TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 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: Jamie Bloodworth Jamie Bloodworth 4/8/97 954-503-7651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0035250

CR2E037 (9/96)