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FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002186 (4)

1. Corporation Name

THE FLORIDA WOMEN'S CONSORTIUM, INCORPORATED

Principal Place of Business

139 LANTANA CIRCLE
PARRISH FL 34219
US

Mailing Address

139 LANTANA CIRCLE
PARRISH FL 34219-0102
US3. Date Incorporated or Qualified
05/02/19943a. Date of Last Report
03/05/1996

2. Principal Place of Business

21 2001 E. Indianhead

Suite, Apt. #, etc.

22

City & State

23 Tallahassee, FL

Zip Country

24 32301

25

2a. Mailing Address

26 2001 E. Indianhead

Suite, Apt. #, etc.

27

City & State

28 Tallahassee, FL

Zip Country

29 32301

30

4. FEI Number
65-0172462Applied For
Not Applicable

5. 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

DAWSON, DIANA S ESQ.
1000 EAST CAMINO REAL
BOCA RATON FL 33432

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
NAME DAWSON, DIANA. ESQ
STREET ADDRESS 1000 EAST CAMINO REAL
CITY-ST-ZIP BOCA RATON FL

DELETE

TITLE VD
NAME HOLLAND, WINNIE
STREET ADDRESS P.O. BOX 328
CITY-ST-ZIP LABELLE FL

DELETE

TITLE VDD
NAME PENNER, PENNY
STREET ADDRESS 4158 TAMiami TRAIL J7
CITY-ST-ZIP PORT CHARLOTTE FL

DELETE

TITLE D
NAME FEAVER, MARILYN
STREET ADDRESS RT 6, BOX 456
CITY-ST-ZIP QUINCY FL

DELETE

TITLE SD
NAME CORNELIUS, JACKIE
STREET ADDRESS 4103 CEDAR ROAD
CITY-ST-ZIP ORANGE PARK FL

DELETE

TITLE TD
NAME WITT, PATRICIA
STREET ADDRESS 139 LANTANA CIRCLE
CITY-ST-ZIP PARRISH FL

DELETE

1.1 TITLE PD
1.2 NAME Helen Landers
1.3 STREET ADDRESS 321 SE 10th Ct
1.4 CITY-ST-ZIP Ft Lauderdale, FL 33316

Change Addition

2.1 TITLE VD
2.2 NAME Harden, Jean
2.3 STREET ADDRESS 179 Imperial Southgate
2.4 CITY-ST-ZIP Lakeland, FL 33803

Change Addition

3.1 TITLE VS
3.2 NAME Gloria Kuchinskias
3.3 STREET ADDRESS Boc 206
3.4 CITY-ST-ZIP Grandin, FL 32138

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE #TD
5.2 NAME Jo Conte
5.3 STREET ADDRESS 2001 E Indianhead
5.4 CITY-ST-ZIP Tallahassee, FL 32301

Change Addition

6.1 TITLE D
6.2 NAME Donna Clarke
6.3 STREET ADDRESS 1711 Starling
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in s. 617.0503(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904-488-6217

CR2E037 (9/96)