

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 22 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N94000002186 (4)**

1. Corporation Name

**THE FLORIDA WOMEN'S CONSORTIUM, INCORPORATED**



|  |                      |  |                      |   |
|--|----------------------|--|----------------------|---|
| Principal Place of Business<br><b>2001 E. INDIANHEAD<br/>TALLAHASSEE FL 32301<br/>US</b>   |                      | Mailing Address<br><b>2001 E. INDIANHEAD<br/>TALLAHASSEE FL 32301<br/>US</b> |                      | 3. Date Incorporated or Qualified<br><b>05/02/1994</b>  |
| 2. Principal Place of Business<br><b>21</b>  |                      | 2a. Mailing Address<br><b>26</b>   |                      | 4. FEI Number<br><b>65-0172462</b>  |
| Suite, Apt. #, etc.<br><b>22</b>   |                      | Suite, Apt. #, etc.<br><b>27</b>   |                      | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |
| City & State<br><b>23</b>  |                      | City & State<br><b>28</b>  |                      | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |
| Zip<br><b>24</b>   | Country<br><b>25</b> | Zip<br><b>29</b>   | Country<br><b>30</b> | 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 9. Name and Address of Current Registered Agent<br><b>DAWSON, DIANA S ESQ.<br/>1000 EAST CAMINO REAL<br/>BOCA RATON FL 33432</b> |                      |  |                      | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

10. Name and Address of New Registered Agent

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

|                            |                        |   |   |
|----------------------------|------------------------|---|---|
| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
| TITLE                      | PD                     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LANDERS, HELEN         | 1.2 NAME  |   |
| STREET ADDRESS             | 321 S.E. 10TH CT.      | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | FT. LAUDERDALE FL      | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HARDEN, JEAN           | 2.2 NAME  |   |
| STREET ADDRESS             | 179 IMPERIAL SOUTHGATE | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LAKELAND FL            | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VS                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KUCHINSKAS, GLORIA     | 3.2 NAME  |   |
| STREET ADDRESS             | BOC 206                | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | GRANDIN FL             | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FEAVER, MARILYN        | 4.2 NAME  |   |
| STREET ADDRESS             | RT 6, BOX 456          | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | QUINCY FL              | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CONTE, JO              | 5.2 NAME  |   |
| STREET ADDRESS             | 2001 E. INDIANHEAD     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TALLAHASSEE FL         | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WITT, PATRICIA         | 6.2 NAME  |   |
| STREET ADDRESS             | 139 LANTANA CIRCLE     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PARRISH FL             | 6.4 CITY-ST-ZIP                                       |   |

14. I 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:  SIGNATURE REQUIRED 1/15/98

CR2E037 (10/97)