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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002186

1. Corporation Name

THE FLORIDA WOMEN'S CONSORTIUM, INCORPORATED

Principal Place of Business

2001 E. INDIANHEAD
TALLAHASSEE FL 32301
US

Mailing Address

2001 E. INDIANHEAD
TALLAHASSEE FL 32301
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/02/1994

4. FEI Number

65-0172462

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LANDERS, HELEN	
STREET ADDRESS	321 S.E. 10TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARDEN, JEAN	
STREET ADDRESS	179 IMPERIAL SOUTHGATE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	KUCHINSKAS, GLORIA	
STREET ADDRESS	BOC 206	
CITY-ST-ZIP	GRANDIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FEAVER, MARILYN	
STREET ADDRESS	RT 6, BOX 456	
CITY-ST-ZIP	QUINCY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CONTE, JO	
STREET ADDRESS	2001 E. INDIANHEAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WITT, PATRICIA	
STREET ADDRESS	139 LANTANA CIRCLE	
CITY-ST-ZIP	PARRISH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jean Harden	
1.3 STREET ADDRESS	179 Imperial Southgate	
1.4 CITY-ST-ZIP	Lakeland, FL 33803	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nancy Hurlbert	
2.3 STREET ADDRESS	1153 SW 26th Ave.	
2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cynthia Perkins	
3.3 STREET ADDRESS	4117 Heniard Dr.	
3.4 CITY-ST-ZIP	Tallahassee, FL 32303	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Karey Lofton	
4.3 STREET ADDRESS	127 NE Monroe Cir N	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33708	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jo Conte	
5.3 STREET ADDRESS	2001 E. Indianhead Dr.	
5.4 CITY-ST-ZIP	Tallahassee, FL 32301	
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Carol Tolomeo	
6.3 STREET ADDRESS	3150 Holiday Springs Blvd. #111	
6.4 CITY-ST-ZIP	Margate, FL 33003	

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, with all other like empowered.

SIGNATURE:

Karey Lofton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)