

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000002186

1. Entity Name
**THE FLORIDA WOMEN'S CONSORTIUM,
INCORPORATED**



Principal Place of Business
**2001 E. INDIANHEAD
TALLAHASSEE, FL 32301 US**

Mailing Address
**3150 HOLIDAY SPRINGS BLVD., #111
MARGATE, FL 33063 US**



01052004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0172462

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAWSON, DIANA S
841 PARK DRIVE EAST
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HURLBERT, NANCY
STREET ADDRESS	1153 SW 26TH AVE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	VD
NAME	CONTE, JO
STREET ADDRESS	2001 E. INDIANHEAD
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	TD
NAME	TOLOMEIO, CAROLE
STREET ADDRESS	3150 HOLIDAY SPRINGS BLVD., #111
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000003025
01/13/04-80038-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-04

Date

954-752-0576

Daytime Phone #