

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003662 (3)

1. Corporation Name

THE FLORIDA EAST COAST WOMEN IN TOURISM, INCORPORATED



Principal Place of Business

Mailing Address

**485 S NOVA RD
ORMOND BEACH FL 32174**

**485 S NOVA RD
ORMOND BEACH FL 32174**

3. Date Incorporated or Qualified
07/25/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 9231

4. FEI Number
59-3206387

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23

Daytona Beach, FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24

25

Country

29

32121

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MONAHAN, MARCIA
485 S NOVA RD
ORMOND BEACH FL 32174**

81 Name

Franchi, Susan

82 Street Address (P.O. Box Number is Not Acceptable)

402-B Seabreeze Blvd.

83

84 City

Daytona Beach

FL

85 Zip Code
32118

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

Susan Franchi

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

(NOTE: Registered Agent signature required when reinstating)

3/15/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

Director

☒ Change ☐ Addition

NAME
MONAHAN, MARCIA
STREET ADDRESS
485 S NOVA RD
CITY-ST-ZIP
ORMOND BEACH FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME
TURSI, SHARON
STREET ADDRESS
485 S NOVA RD
CITY-ST-ZIP
ORMOND BEACH FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE

3.1 TITLE

☐ Change ☒ Addition

NAME
BROWN, SHIRLEY
STREET ADDRESS
661 BEVILLE RD
CITY-ST-ZIP
S DAYTONA FL 32119

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

**T
Elizabeth Thayer
1904 Donald Place
So Daytona, FL 32119
President**

☒ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE

NAME
FRANCHI, SUSAN
STREET ADDRESS
402 B SEABREEZE BLVD
CITY-ST-ZIP
DAYTONA BEACH FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

**VP
Julie Arens-Terry
840 Center St. #42
Holly Hill, FL 32117**

☐ Change ☒ Addition

TITLE ☐ DELETE

5.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Susan Franchi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96

DATE

904/252-0516

Daytime Phone #

CR2E037 (12/95)