

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

97 SEP 15 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N94000003662 (3)**

1. Corporation Name

THE FLORIDA EAST COAST WOMEN IN TOURISM, INCORPORATED

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|---|--|
| Principal Place of Business 485 S NOVA RD ORMOND BEACH FL 32174 | Mailing Address P O BOX 9231 DAYTONA BEACH FL 32121 US |
|---|--|

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---|--|----------------------------------|--|--|--|--|--|
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 07/25/1994 | | 3a. Date of Last Report 03/21/1996 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 59-3206387 | | Applied For Not Applicable | |
| City & State 23 | | City & State 28 | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip 24 | | Country 25 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Zip 29 | | Country 30 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent FRANCHI, SUSAN 402-B SEABREEZE BLVD DAYTONA BEACH FL 32118 | | | | 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 Susan Franchi DATE 8/26/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|----------------------------|----------------------|--|--|---|----------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | D/T | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | MONAHAN, MARCIA | | | 1.2 NAME | SUSAN FRANCHI | | |
| STREET ADDRESS | 485 S NOVA RD | | | 1.3 STREET ADDRESS | 145 WIMBLEDON CT | | |
| CITY-ST-ZIP | ORMOND BEACH FL | | | 1.4 CITY-ST-ZIP | PORT ORANGE FL 32127 | | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | P/T | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | TURSI, SHARON | | | 2.2 NAME | JOHANNE FROMM | | |
| STREET ADDRESS | 485 S NOVA RD | | | 2.3 STREET ADDRESS | 1500 BEVILLE RD SUITE 409 | | |
| CITY-ST-ZIP | ORMOND BEACH FL | | | 2.4 CITY-ST-ZIP | DAYTONA BEACH FL 32114 | | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | VP/S | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | THAYER, ELIZABETH | | | 3.2 NAME | LINDA MARSH | | |
| STREET ADDRESS | 1904 DOANLD PLAVE | | | 3.3 STREET ADDRESS | 1303 N. ALABAMA AVE | | |
| CITY-ST-ZIP | S DAYTONA FL | | | 3.4 CITY-ST-ZIP | DELAND FL 32724 | | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | T/T | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | FRANCHI, SUSAN | | | 4.2 NAME | MARSHA CATALANO | | |
| STREET ADDRESS | 402 B SEABREEZE BLVD | | | 4.3 STREET ADDRESS | 1500 BEVILLE RD, SUITE 409 | | |
| CITY-ST-ZIP | DAYTONA BEACH FL | | | 4.4 CITY-ST-ZIP | DAYTONA BEACH FL 32114 | | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ARENS-TERRY, JULIE | | | 5.2 NAME | | | |
| STREET ADDRESS | 840 CENTER ST 42 | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | HOLLY HILL FL | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE REQUIRED

CR2E037 (4/97)