FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:24

DOCUMENT # N94000003888 (4)

1. Corporation Name
THE WOMEN'S ISSUES NETWORK FOUNDATION, INC.

Principal Place of Business	Mailing Address
1442 STROUD COURT NEW PORT RICHEY FL 34655	1442 STROUD COURT NEW PORT RICHEY FL 34655

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-326/992 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25: USA	Zip 29 / Country 30: USA

9. Name and Address of Current Registered Agent

RICE, CYNTHIA I
1253 PARK STREET
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name: PAMELA S. WELLS
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1442 STROUD CT
84 City: NEW PORT RICHEY FL 85 Zip Code: 34655

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Pamela S Wells — 4/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WELLS, PAMELA S	12 NAME	
STREET ADDRESS	1442 STROUD COURT	13 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	14 CITY-ST-ZIP	
TITLE	DVPE	21 TITLE	BEHR, JONI ☒ Change ☐ Addition
NAME	BEHR, TONI	22 NAME	
STREET ADDRESS	~~% 1253 PARK STREET~~ 318 BUTTONWOOD LN	23 STREET ADDRESS	318 BUTTONWOOD LANE
CITY-ST-ZIP	~~CLEARWATER FL 34616~~ LARGO, FL 34624	24 CITY-ST-ZIP	LARGO, FL 34624
TITLE	DS	31 TITLE	MORRIS, RUTH ANNE ☒ Change ☐ Addition
NAME	MORRIS, RUTH ANNE	32 NAME	
STREET ADDRESS	~~% 1253 PARK STREET~~ 1111 BAYSHORE BLVD FL	33 STREET ADDRESS	1111 BAYSHORE BLVD FL
CITY-ST-ZIP	~~CLEARWATER FL 34616~~ CLEARWATER, FL 34619	34 CITY-ST-ZIP	CLEARWATER, FL 34619
TITLE	DT	41 TITLE	BENFIELD, JEANETTE ☒ Change ☐ Addition
NAME	BENFIELD, JEANETTE G	42 NAME	
STREET ADDRESS	~~1300 - 58TH STREET N.~~ 600 CLEVELAND ST	43 STREET ADDRESS	600 CLEVELAND ST
CITY-ST-ZIP	~~ST. PETERSBURG FL 34710~~ CLEARWATER, FL 34615	44 CITY-ST-ZIP	CLEARWATER, FL 34615
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Pamela S Wells — 4/6/95 — 813-372-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007670