

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 # N94000003888 (4)

1. Corporation Name

THE WOMEN'S ISSUES NETWORK FOUNDATION, INC.



Principal Place of Business

**1442 STROUD COURT
NEW PORT RICHEY FL 34655**

Mailing Address

**1442 STROUD COURT
NEW PORT RICHEY FL 34655**

3. Date Incorporated or Qualified
08/08/1994

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 **C/O CYNTHIA I. RICE, ESQ.**

26 **C/O CYNTHIA I. RICE**

4. FEI Number
59-3261992

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **1253 PARK STREET**

27 **1253 PARK STREET**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **CLEARWATER, FL**

28 **CLEARWATER, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

Zip

Country

Zip

Country

24 **34616**

25 **USA**

29 **34616**

30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELLS, PAMELA S.
1442 STROUD CT
NEW PORT RICHEY FL 34655**

81 Name **CYNTHIA I. RICE, ESQ.**
82 Street Address (P.O. Box Number is Not Acceptable)
1253 PARK STREET
83
84 City **CLEARWATER** FL 85 Zip Code **34616**

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 *Cynthia I. Rice*

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

(NOTE: Registered Agent signature required when reinstating)

2/6/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE **PD** ☒ DELETE
NAME **WELLS, PAMELA S**
STREET ADDRESS **1442 STROUD COURT**
CITY - ST - ZIP **NEW PORT RICHEY FL 34655**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **BEHR, TONI**
1.3 STREET ADDRESS **318 BUTTWOOD RD.**
1.4 CITY - ST - ZIP **LARGO, FL**

TITLE **DVPE** ☒ DELETE
NAME **BEHR, TONI**
STREET ADDRESS **318 BUTTWOOD RD**
CITY - ST - ZIP **LARGO FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **DS** ☐ DELETE
NAME **MORRIS, RUTH ANNE**
STREET ADDRESS **1111 BAYSHORE BLVD**
CITY - ST - ZIP **CLEARWATER FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **DT** ☒ DELETE
NAME **BENFIELD, JEANETTE G**
STREET ADDRESS **600 CLEVELAND ST**
CITY - ST - ZIP **CLEARWATER FL**

4.1 TITLE **DT** ☒ Change ☐ Addition
4.2 NAME **REN FROW, JEANETTE G.**
4.3 STREET ADDRESS **600 CLEVELAND ST.**
4.4 CITY - ST - ZIP **CLEARWATER, FL 34615**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, on an attachment with any address.

SIGNATURE:

Jeannette G. Benfrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEANETTE G. BENFROW TREAS.

812/539 9916
Date Daytime Phone #

CR2E037 (12/95)