SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/6/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -2 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004786 (9)**

1. Corporation Name
ASSOCIATION OF DIVORCED WOMEN, INC.

Principal Place of Business	Mailing Address
2501 NAPOLEN BONAPARTE DR TALLAHASSEE FL 32308	2501 NAPOLEN BONAPARTE DR TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1994
3a. Date of Last Report: First Report
4. FEI Number: 59-3272907 ☐ 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 ☐ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032,* Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

CLEVELAND, FLOYD
2501 NAPOLEN BONAPARTE DR
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: Floyd M. Cleveland
82 Street Address (P.O. Box Number is Not Acceptable): 2501 Napoleon Bonaparte, DR.
83
84 City: TALLAHASSEE FL 85 Zip Code: 32308

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: Floyd M. Cleveland Floyd M. Cleveland DATE: 7/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT & TREASURER	11 TITLE	☐ Change ☐ Addition
NAME	Floyd M. Cleveland	12 NAME	
STREET ADDRESS	2501 Napoleon Bonaparte, DR	13 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL. 32308	14 CITY-ST-ZIP	
TITLE	V. PRESID	21 TITLE	☐ Change ☐ Addition
NAME	Terry Crowley	22 NAME	
STREET ADDRESS	2411 Napoleon Bonaparte, DR	23 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL. 32308	24 CITY-ST-ZIP	
TITLE	D.	31 TITLE	☐ Change ☐ Addition
NAME	Paige Jolly	32 NAME	
STREET ADDRESS	2345 Tina DR	33 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL. 32301	34 CITY-ST-ZIP	
TITLE	D.	41 TITLE	☐ Change ☐ Addition
NAME	Rose N. Cleveland	42 NAME	
STREET ADDRESS	2501 Napoleon Bonaparte DR	43 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL. 32308	44 CITY-ST-ZIP	
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	

CR2E037 (3/95)

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: Floyd M. Cleveland Floyd M. Cleveland 7/28/95 (904) 671-1645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002645