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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005031 (9)**

1. Corporation Name

WOMEN'S TRANSPORTATION SEMINAR OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1721
TALLAHASSEE FL 32302

P.O. BOX 1721
TALLAHASSEE FL 32302

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

MAZZA, SANDI
2201 EISENHOWER ST.
TALLAHASSEE FL 32310

3. Date Incorporated or Qualified

10/12/1994

4. FEI Number

NOT APPLICABLE

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

MAZZA, SANDI

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE

NAME **PD BARTTE, TARA**
STREET ADDRESS **1214 SHARON RD**
CITY-ST-ZIP **TALLAHASSEE FL 32399**

1.2 TITLE ☐ DELETE

NAME **VPD BLYTH, KATHERINE**
STREET ADDRESS **3525 COLONNADE DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

1.3 TITLE ☐ DELETE

NAME **SD GOWAN, HAYLEY**
STREET ADDRESS **605 SUWANNEE MAIL STATION 43**
CITY-ST-ZIP **TALLAHASSEE FL 32399-0405**

1.4 TITLE ☐ DELETE

NAME **TD MAZZA, SANDI**
STREET ADDRESS **P.O. BOX 3751 N/A**
CITY-ST-ZIP **TALLAHASSEE FL 32315**

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **PD MICHELE GALLANT**
STREET ADDRESS **2001 OLD ST AUGUSTINE RD #F306**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

1.2 TITLE ☐ Change ☐ Addition

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

1.5 STREET ADDRESS

1.6 CITY-ST-ZIP ☐ Change ☐ Addition

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP ☐ Change ☐ Addition

1.9 STREET ADDRESS

1.10 CITY-ST-ZIP ☐ Change ☐ Addition

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE: **Sandi Mazza** **DEPOSANDI MAZZA**

3-13-98

574-6266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0007760

CP2E037 (10/97)