

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 # N94000005321 (4)

1. Corporation Name

WOMEN OF DISTINCTION, INC.

Principal Place of Business

**8518 CROSS TIMBERS DR WEST
JACKSONVILLE FL 32244**

Mailing Address

**P O BOX 14003
JACKSONVILLE FL 32210-4003**



3. Date Incorporated or Qualified

10/25/1994

3a. Date of Last Report

09/25/1995

4. FEI Number

59-3271506 *Correction* **59-3273810**

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 4401 Georgetown Dr.

2a. Mailing Address

26 P.O. Box 14003

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Jax FL

27 City & State

28 Jax FL

Zip

24 32240

Country

25 Duval

Zip

29 32210

Country

30 Duval

9. Name and Address of Current Registered Agent

**BEATTY, DONNA C
8518 CROSS TIMBERS DR WEST
JACKSONVILLE FL 32244**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
BEATTY, DONNA C**
STREET ADDRESS **8518 CROSS TIMBERS DR WEST**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE ☐ DELETE

NAME **STD
KIRKWOOD, LISA M**
STREET ADDRESS **4240 MARQUETTE AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ DELETE

NAME **VPD
WOZNICKZ, GLADYS**
STREET ADDRESS **3924 PETER RABBIT DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Gladys Boznicka

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, or on an attachment with an address.

SIGNATURE:

Donna C. Beatty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/95 (904) 573-1400
Date Daytime Phone #

CR2E037 (12/95)