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Mar 30 1998 8:00am
Secretary of State

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
'1998

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

DOCUMENT # N94000006171

1. Corporation Name
Insurance Women of St. Petersburg, Inc.

Principal Place of Business
P. O. Box 15654
St. Petersburg, FL 33733

Mailing Address
Same

3. Date Incorporated or Qualified
December 1, 1994

4. FEI Number
59-6152191
☐ Applied For
☐ Not Applicable

2. Principal Place of Business
21 **P. O. Box 60442**
Suite, Apt. #, etc.
22
City & State
23 **St. Petersburg, FL**
Zip 24 **33784-0442** Country 25 **Pinellas**

2a. Mailing Address
26 **P. O. Box 60442**
Suite, Apt. #, etc.
27
City & State
28 **St. Petersburg, FL**
Zip 29 **33784-0442** Country 30 **Pinellas**

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

9. Name and Address of Current Registered Agent

Katharine J. Miller
859 37th Ave NE
St. Petersburg, FL 33704

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	**President** / **Fritzie Filides** / **7076 Forestview Terrace N** / **St. Petersburg, FL 33709**	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	**President Elect** / **Nancye Porter** / **4160 Pompano Drive SE,** / **St. Petersburg, FL 33701**	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	**Treasurer** / **Toni Perich** / **2668 McMullen Booth Rd., #1323** / **Clearwater, FL 33761**	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	**Director** / **Trisha Cockayne** / **25 79th Ave** / **Treasure Island, FL 33706**	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	**Director** / **Chris Grundman** / **11309 Starkey Rd.** / **Largo, FL 34643**	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	**Director** / **Denise Linden** / **9100 9th Ave N, #204,** / **St. Petersburg, FL 33701**	☒ Change ☐ Addition

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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: Toni Perich **Toni Perich** **March 24, 1998**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #