

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 OCT -9 AM 8:01

DOCUMENT # N96000002043 (5)

1. Corporation Name

NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS OF  
FLORIDA, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

7690 NW 10TH STREET  
PLANTATION FL 33322

7690 NW 10TH STREET  
PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3300 RICE ST STE 8

26 NAWBO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 MIAMI, FL 33133

27 2590 64TH ST SW

City & State

City & State

23 Miami

28 Naples FL

Zip

Country

Zip

Country

24 FL

25 Dade

29 34105

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOZDZ, WANDA E  
7690 NW 10TH STREET  
PLANTATION FL 33322

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84

Virginia Goodman  
19267 Vintage Trace Circle  
Ft Myers FL 33912

City

State

Zip Code

33912

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

Virginia S. Goodman, Sec'y & Registered Agent

9/26/97

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME HARRIS LANGE, JANET  
STREET ADDRESS 4 OLD FENCE ROAD  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☐ DELETE

NAME HERNANDEZ-ADAMS, SANDRA  
STREET ADDRESS 10580 NW 7TH TERRACE  
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☒ DELETE

NAME FESTINGER PHYLLIS  
STREET ADDRESS 8768 SW 3RD ST APT 202-3  
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE D ☐ DELETE

NAME GOZDZ, WANDA E  
STREET ADDRESS 7690 NW 10TH STREET  
CITY-ST-ZIP PLANTATION FL 33322

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I do 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

SIGNATURE REQUIRED

8/21/97 944-361-1674

CR2E037 (4/97)