

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90025 010 ****61.25

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DOCUMENT # N96000002043

1. Corporation Name

**NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS OF
FLORIDA, INC.**

129928 - 90025 - 10

Principal Place of Business

3300 RICE ST
STE 8
MIAMI FL 33133

Mailing Address

2590 64TH ST SW
NAPLES FL 34105



2. Principal Place of Business

21 **320 S. University Dr**

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified.

04/16/1996

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number

65-0664305

Applied For

Not Applicable

23 City & State

Ft Lauderdale FL

28 City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

33324

Country

Broward

29 Zip

Zip

Country

Country

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GOODMAN, VIRGINIA
19267 VINTAGE TRACE CIRCLE
FT MYERS FL 33912

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 **D**
STREET ADDRESS **GOODMAN, VIRGINIA**
CITY-ST-ZIP **19267 VINTAGE TRACE CIRCLE**
FT MYERS FL 33912

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HERNANDEZ-ADAMS, SANDRA**
CITY-ST-ZIP **10580 NW 7TH TERRACE**
MIAMI FL 33172

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GOBY, SUE ANN**
CITY-ST-ZIP **2590 64TH ST SW**
NAPLES FL 34105

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GOZDZ, WANDA E**
CITY-ST-ZIP **7690 NW 10TH STREET**
PLANTATION FL 33322

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
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

☐ Change ☐ Addition

☐ 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, with all other like empowered.

SIGNATURE:

Sue Ann Goby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

January 16 941-649-7100

CR2E037-1198