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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002462 (7)**

1. Corporation Name

WOMEN HELPING OTHERS (WHO), INC.

Principal Place of Business

**401 BAYSHORE DRIVE
VENICE FL 34285**

Mailing Address

**401 BAYSHORE DRIVE
VENICE FL 34285-1412**



3. Date Incorporated or Qualified
05/08/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 201 Highpoint Dr

26 201 Highpoint Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Venice, FL

28 Venice, FL

24 34292 25 USA

29 34292 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name

Patricia Miller

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

619 Everest Rd

83

84 City

Venice

FL

**85 Zip Code
34293**

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

Patricia Miller

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **JOHNSON, LINDA K**
STREET ADDRESS **401 BAYSHORE DRIVE**
CITY - ST - ZIP **VENICE FL 34285**

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **ADRIAN, Nettie**
1.3 STREET ADDRESS **201 Highpoint Dr**
1.4 CITY - ST - ZIP **Venice, FL 34292**

TITLE **VD** ☐ DELETE
NAME **MILLER, PATRICIA**
STREET ADDRESS **401 BAYSHORE DRIVE**
CITY - ST - ZIP **VENICE FL 34285**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **SD** ☐ DELETE
NAME **CLARK, MARY**
STREET ADDRESS **401 BAYSHORE DRIVE**
CITY - ST - ZIP **VENICE FL 34285**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **TD** ☐ DELETE
NAME **MCGOOGAN, DEBBIE**
STREET ADDRESS **401 BAYSHORE DRIVE**
CITY - ST - ZIP **VENICE FL 34285**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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: *Patricia Miller* **Patricia Miller** **4/30/97** **941-493-7216**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064385

CR2E037 (9/96)