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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000005874 (0)

1. Corporation Name

FLORIDA WOMEN'S LEGISLATIVE CAUCUS EDUCATIONAL F
OUNDATION, INC.

Principal Place of Business

Mailing Address

314 WEST JEFFERSON STREET
TALLAHASSEE FL 32301

314 WEST JEFFERSON STREET
TALLAHASSEE FL 32301-1608

3. Date Incorporated or Qualified
11/18/1996

3a. Date of Last Report
N/A

4. FEI Number

59-3426095

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 P.O. BOX 10735

Suite, Apt. #, etc.

22 City & State

23 TALLAHASSEE FL

24 32302-2735

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 10735

Suite, Apt. #, etc.

27 City & State

28 TALLAHASSEE FL

29 32302-2735

Country

30 USA

9. Name and Address of Current Registered Agent

ALLEN, SANDRA E ESQ.
314 WEST JEFFERSON STREET
TALLAHASSEE FL 32301

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 PD
NAME BROWN, SHIRLEY REP.
STREET ADDRESS 2888-D RINGLING BLVD
CITY-ST-ZIP SARASOTA FL 34237

TITLE VPD
NAME KURTH, PATSY SENATOR
STREET ADDRESS 2174 HARRIS AVE. N.E. STE. 1B
CITY-ST-ZIP PALM BAY FL 32905

TITLE TD
NAME FRANKEL, LOIS J REP.
STREET ADDRESS 914 WEST JEFFERSON STREET
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE SD
NAME CULP, FAYE B REP.
STREET ADDRESS 914 WEST JEFFERSON STREET
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D
NAME BRENNAN, MARY REP.
STREET ADDRESS 5241 44TH STREET NORTH, SUITE 7
CITY-ST-ZIP PINELLAS PARK FL 34665

TITLE D
NAME BROWN-WAITE, GINNY
STREET ADDRESS 20 NORTH MAIN ST., ROOM 200
CITY-ST-ZIP BROOKSVILLE FL 33445

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 VPD
2.2 NAME ROBERTS-BURKE, BERYL
2.3 STREET ADDRESS 8340 NE 2d AVE. SUITE 212
2.4 CITY-ST-ZIP MIAMI, FL 33138

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

4.1 TITLE SD
4.2 NAME MURMAN, SANDY
4.3 STREET ADDRESS 304 PLANTE AVE
4.4 CITY-ST-ZIP TAMPA, FL 33606

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

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 attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)