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FILED  
May 08 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

P.O. BOX 10735  
TALLAHASSEE FL 32302-2735

P.O. BOX 10735  
TALLAHASSEE FL 32302-2735

3. Date Incorporated or Qualified

11/18/1996

4. FEI Number

59-3426099

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD  
NAME ROBERTS-BURKE, BERYL  
STREET ADDRESS 8340 N.E. ND AVE., SUITE 212  
CITY-ST-ZIP MIAMI FL 33138 ☐ DELETE

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

TITLE TD  
NAME FRANKEL, LOIS J REP.  
STREET ADDRESS 4 INTERLACHEN CIRCLE  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☒ DELETE

3.1 TITLE ☒ Change ☒ Addition  
3.2 NAME FISCHER, MARGO, REP.  
3.3 STREET ADDRESS 696 1st AVE N, SUITE 302  
3.4 CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE SD  
NAME MURMAN, SANDY  
STREET ADDRESS 304 PLANTE AVE.  
CITY-ST-ZIP TAMPA FL 33606 ☐ DELETE

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Sandra B. Mortham*

4/30/98 401361-6180

CR2E037 (10/97)