


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moribam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000002291 (9)**

1. Corporation Name

FLORIDA ASSOCIATION FOR WOMEN GEOSCIENTISTS, INC

Principal Place of Business

Mailing Address

**1532 GARDNER DRIVE
LUTZ FL 33549-3305**

**1532 GARDNER DRIVE
LUTZ FL 33549-3305**

3. Date Incorporated or Qualified

04/22/1997

4. FEI Number

59-3465090

Applied For

Not Applicable

2. Principal Place of Business

21 P.O. BOX 27535

2a. Mailing Address

26 P.O. BOX 27535

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

22. City & State

23 TAMPA FLORIDA

27. City & State

28 TAMPA FLORIDA

24. Zip Country
24 33623-7535 25 USA

29. Zip Country
29 33623-7535 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODRIGUEZ, EILEEN
1532 GARDNER DRIVE
LUTZ FL 33549-3305**

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 ☐ DELETE
NAME **PRESIDENT**
STREET ADDRESS **CATHLEEN BEAUDOIN-JONAS**
CITY-ST-ZIP **1020 WILDROSE DRIVE**
LUTZ FL 33549

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **DIRECTOR**
1.3 STREET ADDRESS **EILEEN RODRIGUEZ**
1.4 CITY-ST-ZIP **1532 GARDNER DRIVE**
LUTZ FL 33549-3305

TITLE ☐ DELETE
NAME **PRESIDENT ELECT/V.P.**
STREET ADDRESS **SHARON HAWKINS GILBERG**
CITY-ST-ZIP **2101 ALEXIS COURT**
TARPON SPRINGS FL 34689

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **DIRECTOR**
2.3 STREET ADDRESS **JUDITH RICHTAR**
2.4 CITY-ST-ZIP **1015 WEST OHIO AVENUE**
TAMPA FL 33603-5233

TITLE ☐ DELETE
NAME **SECRETARY**
STREET ADDRESS **SANDRA BLANSETT**
CITY-ST-ZIP **2271 CHRISTY LANE**
OLDSMAR FL 34677

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **DIRECTOR**
3.3 STREET ADDRESS **LISA MORRISON**
3.4 CITY-ST-ZIP **711 WEST RIVER HEIGHTS AVENUE**
TAMPA FL 33603-3121

TITLE ☐ DELETE
NAME **TREASURER**
STREET ADDRESS **MERYL ENRIGHT**
CITY-ST-ZIP **13911 N. DALE MABRY HWY, #210**
TAMPA FL 33618

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 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:

Cathleen Beaudoin-Jonas 1/20/98

CR2E037 (10/97)