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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90050 028 \*\*\*\*61.25

DOCUMENT # **N97000002291**

1. Corporation Name

**FLORIDA ASSOCIATION FOR WOMEN GEOSCIENTISTS, INC**

Principal Place of Business

P O BOX 27535  
TAMPA FL 33623-535  
US

Mailing Address

P O BOX 27535  
TAMPA FL 33623-535  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

04/22/1997

4. FEI Number

59-3465090

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

9. Name and Address of Current Registered Agent

RODRIGUEZ, EILEEN  
1532 GARDNER DRIVE  
LUTZ FL 33549-3305

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 D ☐ DELETE  
NAME RODRIGUEZ, EILEEN  
STREET ADDRESS 1532 GARDNER DR  
CITY-ST-ZIP LUTZ FL 33549-3305

TITLE D ☒ DELETE  
NAME RICHTAR, JUDITH  
STREET ADDRESS 1015 W OHIO AVE  
CITY-ST-ZIP TAMPA FL 33603-5233

TITLE D ☒ DELETE  
NAME MORRISON, LISA  
STREET ADDRESS 711 W RIVER HEIGHTS AVE  
CITY-ST-ZIP TAMPA FL 33603-3121

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

TITLE S ☒ DELETE  
NAME BLANSETT, SANDRA  
STREET ADDRESS 2271 CHRISTY LANE  
CITY-ST-ZIP OLDSMAR FL 34677

TITLE PVP ☐ DELETE  
NAME GILBERG, SHARON H  
STREET ADDRESS 2101 ALEXIS COURT  
CITY-ST-ZIP TARPON SPRINGS FL 34689

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME CATHLEEN BEAUDOIN JONAS  
2.3 STREET ADDRESS 1020 WILDROSE DRIVE  
2.4 CITY-ST-ZIP LUTZ, FL 33549

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME ALLISON AMRAM  
3.3 STREET ADDRESS 1008 MORRISON COURT  
3.4 CITY-ST-ZIP TAMPA, FL 33629

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

5.1 TITLE S ☒ Change ☐ Addition  
5.2 NAME JUDITH RICHTAR  
5.3 STREET ADDRESS 1015 W. OHIO AVE  
5.4 CITY-ST-ZIP TAMPA, FL 33603-5233

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, with all other like empowered.

SIGNATURE: *Eileen Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99 813-554-2341  
Date Daytime Phone #

CR2E037 (1/98)