


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 05 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <i>N97000004774</i> 1. Corporation Name <b>FLORIDA WOMEN'S CONFERENCE, INC.</b>			
Principal Place of Business <b>841 PARK DRIVE</b> <b>BOCA RATON, FL 33432</b>		Mailing Address	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
<b>9. Name and Address of Current Registered Agent</b> <b>DIANA S. DAWSON</b> <b>841 PARK DRIVE</b> <b>BOCA RATON, FL 33432</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NO) Registered Agent signature required with reinstating</small>			
<b>12. OFFICERS AND DIRECTORS</b> TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> 1.1 TITLE <b>Chair person</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>HELEN LANDERS</b> 1.3 STREET ADDRESS <b>321 S.E. 10TH COURT</b> 1.4 CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33316</b> 2.1 TITLE <b>VICE CHAIRPERSON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>ANNE GANNON</b> 2.3 STREET ADDRESS <b>236 N. DIXIE BLVD.</b> 2.4 CITY-ST-ZIP <b>DELRAY BEACH, FL 33444</b> 3.1 TITLE <b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>GLORIA KUCHINSKAS</b> 3.3 STREET ADDRESS <b>1916 SE 37 COURT CIRCLE</b> 3.4 CITY-ST-ZIP <b>OCALA, FL 34471</b> 4.1 TITLE <b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME <b>JO CONTE</b> 4.3 STREET ADDRESS <b>2001 E. INDIANHEAD DRIVE</b> 4.4 CITY-ST-ZIP <b>TALLAHASSEE, FL 32301</b> 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 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: *Helen Landers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

600002553386  
 -06/09/98--01034--028  
 \*\*\*\$1.25

754-765-4670  
 Daytime Phone #

CR2E037 (10/97)