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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N97000004774

1. Corporation Name
FLORIDA WOMEN'S CONFERENCE, INC.

Principal Place of Business	Mailing Address
841 PARK DR BOCA RATON FL 33432	841 PARK DR BOCA RATON FL 33432

2. Principal Place of Business
21 2001 E. Indianhead Dr
Suite, Apt. #, etc.
22 Tallahassee
City & State
23 Tallahassee FL
Zip 24 32301 Country 25 USA

2a. Mailing Address
26 2001 E. Indianhead Dr
Suite, Apt. #, etc.
27
City & State
28 Tallahassee FL
Zip 29 32301 Country 30 USA

3. Date Incorporated or Qualified
08/19/1997

4. FEI Number
65-0774483
☐ 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

~~DAWSON, DIANA S~~
~~841 PARK DR~~
~~BOCA RATON FL 33432~~

10. Name and Address of New Registered Agent

81 Name Jo Conte
82 Street Address (P.O. Box Number is Not Acceptable) 2001 E. Indianhead Dr
83 ~~Suite~~
84 City Tallahassee FL 85 Zip Code 32301

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 4/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LANDER, HELEN		1.2 NAME	
STREET ADDRESS	321 S.E. 10TH COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		1.4 CITY-ST-ZIP	
TITLE	VCD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GANNON, ANNE		2.2 NAME	
STREET ADDRESS	238 N. DIXIE BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KUCHINSKAS, GLORIA		3.2 NAME	
STREET ADDRESS	1916 S.E. 37 COURT CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CONTE, JO		4.2 NAME	
STREET ADDRESS	2001 E. INDIANHEAD DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: SIGNATURE REQUIRED 4/20/99 850-488-6217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1.1/98)