

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000004774**

1. Entity Name

FLORIDA WOMEN'S CONFERENCE, INC.

Principal Place of Business

**2001 E INDIANHEAD DR
TALLAHASSEE FL 32301
US**

Mailing Address

**2001 E INDIANHEAD DR
TALLAHASSEE FL 32301
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0774483

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONTE, JO
2001 E INDIANHEAD DR
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
LANDER, HELEN
321 S.E. 10TH COURT
FT. LAUDERDALE FL 33316** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Dawson, Diana
841 Park Drive
Boca Raton FL** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
GANNON, ANNE
236 N. DIXIE BLVD.
DELRAY BEACH FL 33444** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Hurlbert, Nancy
1153 SW 25 Avenue
Deerfield Beach, FL 33442** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
KUCHINSKAS, GLORIA
1916 S.E. 37 COURT CIRCLE
OCALA FL 34471** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CONTE, JO
2001 E. INDIANHEAD DRIVE
TALLAHASSEE FL 32301** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01

Date

850-488-6217

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)