

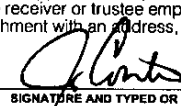


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90198 007 \*\*\*\*61.25

<b>DOCUMENT # N97000004774</b> 1. Entity Name <b>FLORIDA WOMEN'S CONFERENCE, INC.</b>					
Principal Place of Business <b>2001 E INDIANHEAD DR TALLAHASSEE, FL 32301 US</b>			Mailing Address <b>2001 E INDIANHEAD DR TALLAHASSEE, FL 32301 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  01102006 Chg-NP CR2E037 (11/05)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number <b>65-0774483</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>CONTE, JO 2001 E INDIANHEAD DR TALLAHASSEE, FL 32301</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>LANDER, HELEN</b> <b>321 S.E. 10TH COURT</b> <b>FT. LAUDERDALE, FL 33316</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>DAWSON, DIANA</b> <b>841 PARK DRIVE</b> <b>BOCA RATON, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOLONEO, CAROLE</b> <b>3150 HOLIDAY SPRINGS BLVD BLD B # 111</b> <b>MARGATE, FL 33063</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CONTE, JO</b> <b>2001 E. INDIANHEAD DRIVE</b> <b>TALLAHASSEE, FL 32301</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 		1/10/06		850-245-7914	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	