

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



02032008 No Chg-NP

CR2E037 (4/06)

4. FBI 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

CONTE, JO
2001 E INDIANHEAD DR
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
LANDER, HELEN
321 S.E. 10TH COURT
FT. LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DAWSON, DIANA
841 PARK DRIVE
BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TOLONEO, CAROLE
3150 HOLIDAY SPRINGS BLVD BLD B # 111
MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CONTE, JO
2001 E. INDIANHEAD DRIVE
TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000817953
02/15/08-80022-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/08

850 878-7903