2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004774

FILED Jan 12, 2009 Secretary of State

Entity Name: FLORIDA WOMEN'S CONFERENCE, INC.

Current Principal Place of Business: New Principal Place of Business:

2001 E INDIANHEAD DR

TALLAHASSEE, FL 32301 US

Current Mailing Address: New Mailing Address:

2001 E INDIANHEAD DR

TALLAHASSEE, FL 32301 US

FEI Number: 65-0774483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD () Delete Title: CD (X) Change () Addition Name: LANDER, HELEN Name: LANDERS, HELEN

 Name:
 LANDER, HELEN
 Name:
 LANDERS, HELEN

 Address:
 321 S.E. 10TH COURT
 Address:
 321 S.E. 10TH COURT

 City-St-Zip:
 FT. LAUDERDALE, FL 33316
 City-St-Zip:
 FT. LAUDERDALE, FL 33316

Title: SD () Delete Title: () Change () Addition

 Name:
 DAWSON, DIANA
 Name:

 Address:
 841 PARK DRIVE
 Address:

 City-St-Zip:
 BOCA RATON, FL
 City-St-Zip:

 $\label{eq:title:definition} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{TD} \qquad \mbox{(X) Change () Addition}$

Name: TOLONEO, CAROLE Name: CONTE, JO

Address: 3150 HOLIDAY SPRINGS BLVD BLD B # 111 Address: 2001 E INIDANHEAD DRIVE
City-St-Zip: MARGATE, FL 33063 City-St-Zip: TALLAHASSEE, FL 32301

Title: TD (X) Delete Title: () Change () Addition

 Name:
 CONTE, JO
 Name:

 Address:
 2001 E. INDIANHEAD DRIVE
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32301
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO CONTE T 01/12/2009