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Jul 08 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005282 (5)

1. Corporation Name

WOMEN'S VETERANS ORGANIZATION OF WEST CENTRAL FL
ORIDA, INC.

Principal Place of Business

Mailing Address

2067 1ST AVENUE
ST. PETERSBURG FL 33701

2067 1ST AVENUE
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified

09/15/1997

4. FEI Number

59-3451970

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLARD, CAROLYN D
2067 1ST AVENUE NORTH
ST. PETERSBURG FL 33701

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME ALLARD, CAROLYN D
STREET ADDRESS 6822-22ND AVENUE NORTH #125
CITY-ST-ZIP ST. PETERSBURG FL 33710

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BREWSAUGH, JUDITH A
STREET ADDRESS 305 CANTERBURY LANE
CITY-ST-ZIP LARGO FL 33770

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME BRONSON, MARGARET C
STREET ADDRESS 5660 80TH STREET NORTH, B108
CITY-ST-ZIP ST. PETERSBURG FL 33709-5815

3.1 TITLE D ☐ Change ☒ Addition

TITLE D ☐ DELETE

NAME CHAMBERLAIN, SHEILA L
STREET ADDRESS 3209 58TH STREET SOUTH #234
CITY-ST-ZIP GULFPORT FL 33707

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME FUCHS, PATRICIA
STREET ADDRESS 1201 SEMINOLE BOULEVARD, #127
CITY-ST-ZIP LARGO FL 33770

5.1 TITLE D ☐ Change ☒ Addition

TITLE D ☒ DELETE

NAME HOWELL, ANNE M
STREET ADDRESS 3128 59TH STREET SOUTH
CITY-ST-ZIP GULFPORT FL 33707-5750

6.1 TITLE D ☐ Change ☒ Addition

2 NAME JOAN E. BARRIGHER
3 STREET ADDRESS 4647 - 9th Street North
4 CITY-ST-ZIP St. Petersburg, FL 33703
5.2 NAME LINDA D. WATSON
6 STREET ADDRESS 4711 S. Himes Avenue
7 CITY-ST-ZIP Tampa, FL 33611

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.

SIGNATURE

[Signature]

4/12/1998

11/13/97

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