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Apr 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N97000005862 (4)

1. Corporation Name

FLORIDA WOMEN'S IMPACT NETWORK, INC.

Principal Place of Business

Mailing Address

1111 THIRD AVE WEST 3 FL  
BRADENTON FL 34206

P O BOX 1532  
SARASOTA FL 34206



3. Date Incorporated or Qualified

10/16/1997

4. FEI Number

65-0784870

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 1532

22 City & State

27 City & State  
SARASOTA FL

24 Zip Country

25

28 Zip Country

29 34230 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

PETRUFF, PATRICIA A  
1111 THIRD AVE WEST 3 FL  
BRADENTON FL 34206

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 CHAIR ☐ DELETE  
NAME SUE JOHNSON  
STREET ADDRESS 2077 Gulf of Mexico Drive  
CITY-ST-ZIP LONGBOAT KEY FL 34228

1.1 TITLE SUE JOHNSON CHAIR ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS 2077 Gulf of Mexico Drive  
1.4 CITY-ST-ZIP LONGBOAT Key FL 34228 (D)

TITLE TREASURER ☐ DELETE  
NAME LYNNE KOY  
STREET ADDRESS 1945 Gulf of Mexico Drive  
CITY-ST-ZIP LONGBOAT KEY FL 34228

2.1 TITLE LYNNE KOY - TREASURER ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1945 Gulf of Mexico Drive  
2.4 CITY-ST-ZIP LONGBOAT Key FL 34228 (D)

TITLE DIRECTOR ☐ DELETE  
NAME STACEY GILLMAN  
STREET ADDRESS 1743 INDEPENDENCE BLVD DE  
CITY-ST-ZIP SARASOTA FL 34234

3.1 TITLE STACEY GILLMAN ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS 1743 INDEPENDENCE BLVD DE  
3.4 CITY-ST-ZIP SARASOTA FL 34234 (D)

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

CR2E037 (10/97)