

FILE NOW FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
OFFICE OF THE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

3 FEB 73
95 OCT 11 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Women Against Rape
and Violence, Inc.

Principal Place of Business

Mailing Address

Suite A-8
201 Pensacola Beach Rd
Gulf Breeze, FL 32561

2. Principal Place of Business

2a. Mailing Address

21 201 Pensacola Beach Rd.

26 201 Pensacola

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 A-8

27 A-8

City & State

City & State

23 Gulf Breeze, FL

28 Gulf Breeze, FL

Zip

Zip

24 32561

25 USA

29 32561

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

6-11-98

4. FEI Number

59-3516110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

KATIE C. POFF

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

201 Pensacola Beach Rd.

83

A-8

84 City

Gulf Breeze

FL

85 Zip Code

32561

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

KATIE C. POFF

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

(NOTE: Registered Agent signature required when appointing)

DATE

10-9-99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME ANGELA L. PHILLIPS

STREET ADDRESS 9975 UNIVERSITY PKWY

CITY-ST-ZIP PENSACOLA, FL 32514

TITLE ☒ DELETE

NAME GWEN HALL

STREET ADDRESS 111 CEDAR AVE

CITY-ST-ZIP FT. WALTON BEACH, FL 32548

TITLE ☒ DELETE

NAME DONNA BOWMAN

STREET ADDRESS 8630 BLUE RD

CITY-ST-ZIP PENSACOLA, FL 32526

TITLE ☒ DELETE

NAME SERRY WOODS

STREET ADDRESS 1600 KAUAI CT.

CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME P/ President/DIRECTOR(P)

1.3 STREET ADDRESS KATIE C. POFF

1.4 CITY-ST-ZIP 201 PENSACOLA BEACH RD. (A-8)

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME VP

2.3 STREET ADDRESS PATRICK R. POFF

2.4 CITY-ST-ZIP 201 PENSACOLA BEACH RD (A-8)

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Stephanie Herkel

3.3 STREET ADDRESS 616 West Williams St.

3.4 CITY-ST-ZIP Kendallville, IN 46755-1663

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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, with all other like empowered.

SIGNATURE

Katie C. Poff

9-27-99

(850) 916-9171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)