

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90018 036 ****61.25

DOCUMENT # N98000006370

1. Corporation Name

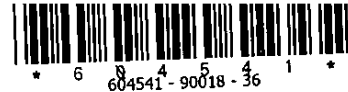
ALAUQA WOMEN'S CHARITABLE FUND, INC.

Principal Place of Business

2251 LUCIEN WAY, SUITE 300
MAITLAND FL 32751

Mailing Address

2251 LUCIEN WAY, SUITE 300
MAITLAND FL 32751



2. Principal Place of Business

21 300 Primera Blvd

Suite, Apt. #, etc. Suite 432

22 City & State Lake Mary FL

23 Zip 22746 Country Seminole

2a. Mailing Address

26 300 Primera Blvd

Suite, Apt. #, etc. Suite 432

27 City & State Lake Mary FL

28 Zip 22746 Country Seminole

3. Date Incorporated or Qualified

11/05/1998

4. FEI Number

59-3542678

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

9. Name and Address of Current Registered Agent

HUTCHINS, ROBERT J
222 W COMSTOCK AVE, STE 111
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME FICHTHORN, NANCY P
STREET ADDRESS 2251 LUCIEN WAY, SUITE 300
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☐ DELETE

NAME HITT, MARIE
STREET ADDRESS 2251 LUCIEN WAY, SUITE 300
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☒ DELETE

NAME WALSH, MARIE
STREET ADDRESS 2251 LUCIEN WAY, SUITE 300
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☐ DELETE

NAME POLLACK, PAM
STREET ADDRESS 2251 LUCIEN WAY, SUITE 300
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☐ DELETE

NAME DOBSON, POLLY
STREET ADDRESS 2251 LUCIEN WAY, SUITE 300
CITY-ST-ZIP MAITLAND FL 32751

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 Nancy Fichthorn
1.3 STREET ADDRESS 300 Primera Blvd Suite 432
1.4 CITY-ST-ZIP Lake Mary FL 22746 Seminole

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Marie Hitt
2.3 STREET ADDRESS 300 Primera Blvd Suite 432
2.4 CITY-ST-ZIP Lake Mary FL 22746 Sem

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Pam Pollack
4.3 STREET ADDRESS 300 Primera Blvd Suite 432
4.4 CITY-ST-ZIP Lake Mary, FL 22746 Seminole

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME Polly Dobson
5.3 STREET ADDRESS 300 Primera Blvd
5.4 CITY-ST-ZIP Lake Mary FL 22746 Seminole

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nancy Fichthorn 8-6-99 407 333 4338

Date

Daytime Phone #

0001065

CR2E037 (5/99)