

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766522

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA ASSOCIATION FOR WOMEN LAWYERS, INC.

**Current Principal Place of Business:**

924 BARRIE AVENUE  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 38339  
TALLAHASSEE, FL 32315 US

**New Mailing Address:**

**FEI Number:** 59-2383909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOWE, KAREN  
924 BARRIE AVENUE  
TALLAHASSEE, FL 32303 US

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

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:**

Title: PRES  
Name: ROLLINI, GIGI  
Address: 315 S. CALHOUN STREET, STE. 600  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: T  
Name: WENDELL, LAURA K  
Address: 2525 PONCE DE LEON BLVD. SUITE 700  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: V  
Name: HEALY, SUSAN  
Address: 999 VANDERBILT BEACH ROAD, SUITE 200  
City-St-Zip: NAPLES, FL 34108 US

Title: ED  
Name: HOWE, KAREN E  
Address: 924 BARRIE AVENUE  
City-St-Zip: TALLAHASSEE, FL 32303 US

I hereby 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 all other like empowered.

SIGNATURE: KAREN E HOWE

ED

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date