

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010475

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** PAN AMERICAN UNIVERSITY WOMEN, INC.

**Current Principal Place of Business:**

C/O KATHLEEN M. FERNANDEZ, ESQ.  
2323 1/2 AILEEN STREET  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KATHLEEN M. FERNANDEZ, ESQ.  
2323 1/2 AILEEN STREET  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 45-3933062      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FERNANDEZ, KATHLEEN M ESQ  
2323 1/2 AILEEN STREET  
TAMPA, FL 33607    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: P  
Name: ALBRITTON, SYLVIA C  
Address: 5633 W. LONGFELLOW AVENUE  
City-St-Zip: TAMPA, FL 33629

Title: V  
Name: CASTILLO, CYNTHIA  
Address: 222 S GLEN AVENUE  
City-St-Zip: TAMPA, FL 33609

Title: S  
Name: FAVATA, RAY ANN  
Address: 3711 CHAMPAGNE COURT #113  
City-St-Zip: TAMPA, FL 33618

Title: S  
Name: LAMB, NORA  
Address: 9725 TIFFANY OAKS LANE  
City-St-Zip: TAMPA, FL 33612

Title: T  
Name: MANGIONE, DIANA  
Address: 9233 NORTH 52ND ST  
City-St-Zip: TAMPA, FL 33617

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: SYLVIA C ALBRITTON

PRES

02/09/2012

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

\_\_\_\_\_  
Date