

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90034 034 ****70.00

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1. Entity Name

ALL NAVY WOMEN'S NATIONAL ALLIANCE, INC. *ITE*

Principal Place of Business

Mailing Address

P.O. BOX 147
 GOLDENROD FL 32733-0147
 US

P.O. BOX 147
 GOLDEN ROD FL 32733-0147
 US

DUUB136J
 100000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, DOLORES A
 5867 MARBLE CT
 WINTER PARK FL 32792

Name

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

City

FL

Zip Code

8. 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

Dolores Hill

Signature, typed or printed name of registered agent and state applicable

(NOTE: Registered Agent signature required when reinstating)

1-26-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME BREECE, SHARON L.
 STREET ADDRESS 5018 GOLDENROD PLACE RD.
 CITY-ST-ZIP WINTER PARK FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DS Delete
 NAME LAUER, LINDA
 STREET ADDRESS 2599 MCMICHAEL RD
 CITY-ST-ZIP ST CLOUD FL 34771

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DT Delete
 NAME VAN DEN HEUVEL, MARY V.
 STREET ADDRESS 2733 MIDDLE ST.
 CITY-ST-ZIP ORLANDO FL

TITLE DT Change Addition
 NAME JANICE L. SVEC
 STREET ADDRESS 5115 OAK HILL DR.
 CITY-ST-ZIP WINTER PARK, FL 32792

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SHARON L. BREECE

1-26-02

Date

Daytime Phone #

CR2E037 (9/01)