


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000001360 1. Entity Name ALL NAVY WOMEN'S NATIONAL ALLIANCE, INC.	
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Principal Place of Business P.O. BOX 147 GOLDENROD, FL 32733-0147 US	Mailing Address P.O. BOX 147 GOLDEN ROD, FL 32733-0147 US
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DO NOT WRITE IN THIS SPACE



03232004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, DOLORES A
5867 MARBLE CT
WINTER PARK, FL 32792

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN1000096971 03/26/04-80020-004 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BREECE, SHARON L. 5018 GOLDENROD PLACE RD. WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAUER, LINDA 2599 MCMICHAEL RD ST CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SVEC, JANICE L. 5115 OAK HILL DR WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Sharon L. Breece, Sharon L. Breece, 4-23-04 407-677-9668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #