


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| | |
|---|---|
| DOCUMENT # N96000001360 1. Entity Name ALL NAVY WOMEN'S NATIONAL ALLIANCE, INC. |  |
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FILED

06 SEP 20 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|---|
| 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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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

08152006 Chg-NP CR2E037 (4/06)

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

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|---|--|------------------------------------|--|
| Filing Fee is \$61.25 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| 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 LINDA A. PENBERTHY 5115 OAK HILL DR WINTER PARK, FL 32792 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS LAUER, LINDA 2599 MCMICHAEL RD ST CLOUD, FL 34771 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000080192590 09/26/06--01072--003 **70.00 |
| 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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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 R Breece 9-17-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

K. Eckel SEP 21 2006