

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT****FILED  
Mar 05, 2007  
Secretary of State**

DOCUMENT# N96000001360

**Entity Name:** ALL NAVY WOMEN'S NATIONAL ALLIANCE, INC.**Current Principal Place of Business:**P.O. BOX 147  
GOLDENROD, FL 327330147 US**New Principal Place of Business:**5018 GOLDENROD RD  
WINTER PARK, FL 32792 US**Current Mailing Address:**P.O. BOX 147  
GOLDEN ROD, FL 327330147 US**New Mailing Address:****FEI Number:** FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)**Name and Address of Current Registered Agent:**HILL, DOLORES A  
5867 MARBLE CT  
WINTER PARK, FL 32792 US**Name and Address of New Registered Agent:**WHISONANT, SHARON  
5018 GOLDENROD PLACE RD  
WINTER PARK, FL 32792 US

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: SHARON WHISONANT

03/05/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** BREECE, SHARON L.  
**Address:** 5018 GOLDENROD PLACE RD.  
**City-St-Zip:** WINTER PARK, FL**Title:** DS ( ) Delete  
**Name:** PENBERTHY, LINDA A  
**Address:** 5115 OAK HILL DR.  
**City-St-Zip:** WINTER PARK, FL 32792**Title:** DT ( ) Delete  
**Name:** SVEC, JANICE L  
**Address:** 5115 OAK HILL DR  
**City-St-Zip:** WINTER PARK, FL 32792**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** BREECE, SHARON L PRES.  
**Address:** 5018 GOLDENROD PLACE RD.  
**City-St-Zip:** WINTER PARK, FL**Title:** DS (X) Change ( ) Addition  
**Name:** PENBERTHY, LINDA A SEC.  
**Address:** 5115 OAK HILL DR.  
**City-St-Zip:** WINTER PARK, FL 32792**Title:** DT (X) Change ( ) Addition  
**Name:** SVEC, JANICE L TRES.  
**Address:** 5115 OAK HILL DR  
**City-St-Zip:** WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHARON BREECE

PRES

03/05/2007

Electronic Signature of Signing Officer or Director

Date