

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002791

**Entity Name:** FLORIDA CONSERVATIVE WOMEN'S NETWORK, INC.

**FILED**  
**Mar 01, 2021**  
**Secretary of State**  
**4664808252CC**

**Current Principal Place of Business:**

1170 HIGHWAY A1A  
SUITE 6  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

1170 HIGHWAY A1A  
SUITE 6  
SATELLITE BEACH, FL 32937 US

**FEI Number: 75-3228465**

**Certificate of Status Desired: Yes**

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

STECIUK, MARGARET DR.  
1170 HIGHWAY A1A  
SUITE 6  
SATELLITE BEACH, FL 32937 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: MARGARET STECIUK**

**03/01/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            STECIUK, MARGARET  
Address        COQUINA POINT  
                  1170 S.R. A1A SUITE 6  
City-State-Zip: SATELLITE BEACH FL 32937

Title            TREASURER  
Name            JEMLICH, GERALDINE  
Address        186 PONCE DE LEON DRIVE  
City-State-Zip: INDIATLANTIC FL 32903

Title            EXECUTIVE SECRETARY  
Name            MCLELLAND, LINDA  
Address        10323 COUNTY ROAD 127  
City-State-Zip: SANDERSON FL 32087-2271

Title            VP  
Name            SOLLEY, JO  
Address        435 RIVERVIEW LANE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title            VP  
Name            SCALLAN, GLENDA  
Address        10593 HILLSIDE DRIVE  
City-State-Zip: MACCLENNY FL 32063

Title            VP  
Name            BRANNON, LORELIE  
Address        10654 HILLSIDE DRIVE  
City-State-Zip: MACCLENNY FL 32063

*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: MARGARET STECIUK**

**PRESIDENT**

**03/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date