

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002791

**FILED**  
**Jan 23, 2017**  
**Secretary of State**  
**CC4597071509**

**Entity Name:** FLORIDA WOMEN'S POLITICAL NETWORK, INC

**Current Principal Place of Business:**

5902 GOLDEN ROAD  
SEBRING, FL 33875

**Current Mailing Address:**

5902 GOLDEN ROAD  
SEBRING, FL 33875 US

**FEI Number:** 75-3228465

**Certificate of Status Desired:** No

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

COGSWELL, PAT  
5902 GOLDEN ROAD  
SEBRING, FL 33875 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:** PAT COGSWELL

01/23/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LARSEN, DIANA  
Address        2651 TUSCARORA TRAIL  
City-State-Zip: MAITLAND FL 32751

Title            VP EVENTS  
Name            COYLE, DENISE  
Address        1898 DELAWARE STREET, NW  
City-State-Zip: PALM BAY FL 32907

Title            VP COMMUNICATIONS  
Name            HERBORN, RHONDA  
Address        1744 CROWN HILL BLVD.  
City-State-Zip: ORLANDO FL 32828

Title            TREASURER  
Name            COGSWELL, PAT  
Address        5902 GOLDEN ROAD  
City-State-Zip: SEBRING FL 33875

Title            VP FUNDRAISING  
Name            BENNETT, LISA  
Address        14073 LIGHTER ROAD  
City-State-Zip: SANDERSON FL 32087

Title            EXEC. SECRETARY  
Name            CABOT, MARTHA  
Address        225 IBIS AVENUE  
City-State-Zip: SEBRING FL 33870

Title            VP LEGISLATION  
Name            NIX, MIKAELA  
Address        4177 N. ORANGE BLOSSOM TRAIL  
                  #303  
City-State-Zip: ORLANDO FL 32804

*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:** PAT COGSWELL

**TREASURER**

01/23/2017

Electronic Signature of Signing Officer/Director Detail

Date