

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002791

**FILED**  
**Jan 16, 2013**  
**Secretary of State**  
**CC4646074720**

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

**Current Principal Place of Business:**

1854 NW 11TH ROAD  
GAINESVILLE, FL 32605

**Current Mailing Address:**

1854 NW 11TH ROAD  
GAINESVILLE, FL 32605 US

**FEI Number:** 75-3228465

**Certificate of Status Desired:** No

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

CLARK, DOLORES P  
1854 NW 11TH ROAD  
GAINESVILLE, FL 32605 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title VPOC  
Name JACOBSON, GAYLE  
Address 39 NORWICH CIRCLE  
City-State-Zip: NICEVILLE FL 32578

Title P  
Name CLARK, DOLORES  
Address 1854 NW 11TH ROAD  
City-State-Zip: GAINESVILLE FL 32605

Title VPOE  
Name QUITTSCHREIBER, JO  
Address 2794 KISSIMMEE BAY CIRCLE  
City-State-Zip: KISSIMMEE FL 34744

Title VPOL  
Name PIFALO, DARLENE  
Address 1035 NW 41ST DRIVE  
City-State-Zip: GAINESVILLE FL 32605

Title ES  
Name KURPANIK, LILIANA  
Address 1205 MANUEL COURT  
City-State-Zip: ST, AUGUSTINE FL 32095

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

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

*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**

**01/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date