

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004934

Entity Name: FLORIDA FEDERATION OF REPUBLICAN WOMEN,
INCORPORATED**FILED**
Jan 16, 2016
Secretary of State
CC6334548259**Current Principal Place of Business:**4619 HARBOUR NORTH COURT
JACKSONVILLE, FL 32225**Current Mailing Address:**4619 HARBOUR NORTH COURT
JACKSONVILLE, FL 32225 US**FEI Number: 20-5038883****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LOVING, SUZANNE M
4619 HARBOUR NORTH COURT
JACKSONVILLE, FL 32225 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: SUZANNE M LOVING****01/16/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	DECAMP, DENA
Address	395 OSPREY LANDING WAY
City-State-Zip:	LAKELAND FL 33813

Title	1ST VP
Name	TAMARGO, DEB
Address	PO BOX 270503
City-State-Zip:	TAMPA FL 33688

Title	TREASURER
Name	LOVING, SUZANNE
Address	4619 HARBOUR NORTH CT
City-State-Zip:	JACKSONVILLE FL 32225

Title	2ND VP
Name	WINGO, JEAN
Address	PO BOX 613216
City-State-Zip:	WATERSOUND FL 32461

Title	3RD VP
Name	CARROLL, KIM
Address	375 EMERSON PLAZA #1116
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	SECRETARY
Name	MERRITT, MEG
Address	7606 BERMA
City-State-Zip:	LAND O LAKES FL 34637

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: SUZANNE M. LOVING**TREASURER****01/16/2016**

Electronic Signature of Signing Officer/Director Detail

Date