

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006736

Entity Name: PROFESSIONAL WOMEN'S NETWORK, INC.**Current Principal Place of Business:**480 MAPLEWOOD DR
SUITE 3
JUPITER, FL 33458**Current Mailing Address:**480 MAPLEWOOD DR
SUITE 3
JUPITER, FL 33458**FEI Number: 26-0143577****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LIBERMAN, LEA
2699 STIRLING ROAD
SUITE A-305
FORT LAUDERDALE, FL 33312 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 PRESIDENT
Name BARRICK, CARA
Address PO BOX 33242
City-State-Zip: PALM BEACH GARDENS FL 33420

Title CORRESPONDING SECRETARY
Name DESORMIER-CARTWRIGHT, ANNE
Address 480 MAPLEWOOD DRIVE SUITE 3
City-State-Zip: JUPITER FL 33458

Title SECRETARY
Name FORTIN, GAIL
Address 1102 WEST INDIANTOWN ROAD
5
City-State-Zip: JUPITER FL 33458

Title DIRECTOR
Name NEWMAN, SHELLEY
Address PO BOX 33357
City-State-Zip: PALM BEACH GARDENS FL 33420

Title TRES
Name LIBERMAN, LEA
Address 2699 STIRLING ROAD SUITE A-305
City-State-Zip: FORT LAUDERDALE FL 33312

Title VP
Name BERRIO, LAURA
Address 240 W INDIANTOWN ROAD
108
City-State-Zip: JUPITER FL 33458

Title DIRECTOR
Name MCNAMARA, DEENA
Address 712 US HIGHWAY 1
301-306
City-State-Zip: NORTH PALM BEACH FL 33048

Title DIRECTOR
Name PAYNE, JULIE
Address 2875 JUPITER PARK DRIVE
1200
City-State-Zip: JUPITER FL 33458

Continues on page 2

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: LEA LIBERMAN**TREASURER****02/20/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name REEKERS, PAM DR.
Address 1620 N US HIGHWAY 1
1
City-State-Zip: JUPITER FL 33469

Title DIRECTOR
Name STAHL, SALLY
Address 1851 WEST INDIANTOWN ROAD
City-State-Zip: JUPITER FL 33458