

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004340

Entity Name: PONTE VEDRA WOMEN'S CIVIC ALLIANCE, INC.**Current Principal Place of Business:**359 SAN JUAN DR
PONTE VEDRA BEACH, FL 32082**Current Mailing Address:**359 SAN JUAN DR
PONTE VEDRA BEACH, FL 32082 US**FEI Number:** 45-2289227**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBERTS, BARBARA K
359 SAN JUAN DR
PONTE VEDRA BEACH, FL 32082 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	P
Name	ROBERTS, BARBARA K
Address	359 SAN JUAN DR.
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	TREASURER
Name	WELLS, LORI A
Address	545 LAKE RD.
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	VP
Name	PAUL, ELIZABETH M
Address	137 DEER HAVEN DRIVE
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	S
Name	VAN VOORHIS, JULIE
Address	13 MARIA PLACE
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	H
Name	PETERSON, LISA
Address	346 SAN JUAN DRIVE
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	M
Name	THOMAS, CLAUDIA
Address	342 SAN JUAN DR.
City-State-Zip:	PONTE VEDRA BEACH FL 32082

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: ELIZABETH M PAUL

VP

01/15/2014

Electronic Signature of Signing Officer/Director Detail_____
Date