## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1300005206

Entity Name: REAL WOMEN IN TRUCKING, INC.

## **Current Principal Place of Business:**

515 SOUTH M STREET LAKE WORTH, FL 33460

## **Current Mailing Address:**

P O BOX 1051 LAKE WORTH, FL 33460 US

## FEI Number: 90-0995317

## Name and Address of Current Registered Agent:

WOOD, DESIREE ANN 515 SOUTH M STREET LAKE WORTH, FL 33460 US

Date

Certificate of Status Desired: No

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

# Officer/Director Detail :

| Title           | PRESIDENT             | Title           | VP                  |
|-----------------|-----------------------|-----------------|---------------------|
| Name            | WOOD, DESIREE A       | Name            | TALBOTT, SANDI      |
| Address         | 515 SOUTH M STREET    | Address         | 4320 FM 114         |
| City-State-Zip: | LAKE WORTH FL 33460   | City-State-Zip: | AVERY TX 75554      |
| Title           | DIRECTOR              | Title           | TREASURER           |
| Name            | LIVINGSTON, TRACY     | Name            | HANSEN, IDELLA      |
| Address         | 234 GRENVILLE         | Address         | P.O. BOX 2160       |
| City-State-Zip: | BATTLE CREEK MI 49014 | City-State-Zip: | PINE BLUFF AR 71603 |
| Title           | DIRECTOR              |                 |                     |
| Name            | WIESE, SUE            |                 |                     |
| Address         | P.O. BOX 15           |                 |                     |
| City-State-Zip: | PRESCOTT AR 71857     |                 |                     |

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: DESIREE WOOD

PRESIDENT

04/01/2016

Electronic Signature of Signing Officer/Director Detail