

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008564

**Entity Name:** UNFORSAKEN WOMEN CORP**Current Principal Place of Business:**201 S HWY 27  
MINNEOLA, FL 34715**Current Mailing Address:**201 S HWY 27  
MINNEOLA, FL 34715 US**FEI Number:** 46-3705917**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MYDLO, MAUREEN D  
12020 MONTEVISTA ROAD  
CLERMONT, FL 34711 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	EDIR
Name	MYDLO, MAUREEN D.
Address	12020 MONTEVISTA RD
City-State-Zip:	CLERMONT FL 34711
Title	TREASURER
Name	O'CONNOR, CAROLINE
Address	10742 VISTA DEL SOL CIRCLE
City-State-Zip:	CLERMONT FL 34711
Title	BOARD MEMBER
Name	FREYSER, DEMEREE
Address	13541 1ST AVE
City-State-Zip:	WINTER GARDEN FL 34787

Title	SECRETARY
Name	PETERSON, MARIA C
Address	1209 WINDY BLUFF DR
City-State-Zip:	MINNEOLA FL 34715
Title	PRESIDENT
Name	MYDLO, THOMAS M
Address	12020 MONTEVISTA RD
City-State-Zip:	MINNEOLA FL 34715
Title	BOARD MEMBER
Name	HOLDER, CARLON ISAIAH
Address	157 MARSH PINE STREET
City-State-Zip:	MINNEOLA FL 34715

*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: MAUREEN D. MYDLO****EXECUTIVE  
DIRECTOR/FOUNDER****01/10/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date