

2021 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
12820 AUSTIN COVE CT.
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	12820 AUSTIN COVE CT.
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	MYDLO, THOMAS M II
Address	12820 AUSTIN COVE CT.
City-State-Zip:	CLERMONT FL 34711

Title	SECRETARY
Name	PETERSON, MARIA C
Address	1209 WINDY BLUFF DR
City-State-Zip:	MINNEOLA FL 34715
Title	PRESIDENT
Name	ROBINSON, PATRICIA
Address	11511 NELLIE OAKS BEND
City-State-Zip:	CLERMONT FL 34711
Title	BOARD MEMBER
Name	FREYSER, DEMEREE
Address	13541 1ST AVE
City-State-Zip:	WINTER GARDEN FL 34787

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****02/01/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date