

**2024 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N14000004192

**Entity Name:** NATIONAL ASSOCIATION OF CHRISTIAN WOMEN LEADERS, INC.**FILED**  
**Apr 05, 2024**  
**Secretary of State**  
**5519652012CR****Current Principal Place of Business:**48 SOUTH PARK STREET  
UNIT #174  
MONTCLAIR, NJ 07042**Current Mailing Address:**6040 JOPLIN AVENUE  
FORT MYERS, FL 33905 US**FEI Number: 46-5441444****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ZEIGLER, KAREN M  
6040 JOPLIN AVENUE  
FORT MYERS, FL 33905 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:** KAREN M. ZEIGLER**04/05/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                     |
|-----------------|---------------------|
| Title           | DIRECTOR            |
| Name            | ZEIGLER, KAREN M    |
| Address         | 6040 JOPLIN AVENUE  |
| City-State-Zip: | FORT MYERS FL 33905 |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | PRESIDENT                         |
| Name            | CHAPPELL, SCOTT                   |
| Address         | 48 SOUTH PARK STREET<br>UNIT #174 |
| City-State-Zip: | MONTCLAIR NJ 07042                |

|                 |                    |
|-----------------|--------------------|
| Title           | DIRECTOR           |
| Name            | ALSOP, KATHARINE   |
| Address         | 210 11TH AVENUE    |
| City-State-Zip: | ROCHESTER MN 55906 |

|                 |                         |
|-----------------|-------------------------|
| Title           | DIRECTOR                |
| Name            | CAMPBELL, JANICE DR.    |
| Address         | 6144 CHINQUAPIN PARKWAY |
| City-State-Zip: | BALTIMORE MD 21239      |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | DIRECTOR                          |
| Name            | SPRINKLE, DARREN                  |
| Address         | 3850 KLAHANIE DRIVE SE<br>#21-301 |
| City-State-Zip: | SAMMAMISH WI 98029                |

|                 |                     |
|-----------------|---------------------|
| Title           | DIRECTOR            |
| Name            | KURUVILLA, SARAH    |
| Address         | 1410 DIAMOND STREET |
| City-State-Zip: | REDONDO CA 90277    |

*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:** KAREN M. ZEIGLER**REGISTERED AGENT****04/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date