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: KIM CRAYNE

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N16000007140 Entity Name: THE FORGOTTEN WOMEN PROJECT, INC.

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

2968 MARTIN STREET 20 ORLANDO, FL 32568

Current Mailing Address:

P.O. BOX 561536 ORLANDO, FL 32856 US

FEI Number: 81-3324024

Name and Address of Current Registered Agent:

BOSTWICK, MARJORIE 2968 MARTÍN STREET 20 ORLANDO, FL 32568 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

Officer/Director Detail :

Title	DIRECTOR	Title	CHAIRPERSON
Name	SMITH, MARISSA	Name	CRAYNE, KIM
Address	16333 COLUMNS WAY 4307	Address	1520 WEST BERESFORD AVE
City-State-Zip:	BATON ROGUE LA 70817	City-State-Zip:	DELAND FL 32720

CHAIRPERSON

06/22/2020

FILED Jun 22, 2020 Secretary of State 7117945274CC

Certificate of Status Desired: No

Date

Date