

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000013330

**Entity Name:** STRONG WOMEN INSPIRING INTERDISCIPLINARY FORTITUDE  
AND TRANSFORMATION INC.

**Current Principal Place of Business:**

252 BIRCH LANE  
LAKELAND, FL 33813

**Current Mailing Address:**

P.O. BOX 5977  
LAKELAND, FL 33807 US

**FEI Number: 83-3026486**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

THIELE, JONATHAN K  
202 E. LAKE MIRIAM DRIVE  
WEST WING - SUITE W-2  
LAKELAND, FL 33813 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 P  
Name THIELE, KARLA A  
Address P.O. BOX 5977  
City-State-Zip: LAKELAND FL 33807

Title VP  
Name SEDDIQUE, MARY M  
Address P.O. BOX 5977  
City-State-Zip: LAKELAND FL 33807

Title SECR  
Name GORDON, KAREN-ANN  
Address P.O. BOX 5977  
City-State-Zip: LAKELAND FL 33807

Title TREA  
Name FRANCO, HILDA P  
Address P.O. BOX 5977  
City-State-Zip: LAKELAND FL 33807

*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: KARLA THIELE**

**MS.**

**05/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date