

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713886

FILED
Mar 01, 2009
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF WOMEN HIGHWAY SAFETY LEADERS, INC.

Current Principal Place of Business:

626 NE 45TH COURT
OCALA, FL 34478

New Principal Place of Business:

2320 S. E. 19TH CIRCLE
OCALA, FL 34471

Current Mailing Address:

626 NE 45TH COURT
OCALA, FL 34478

New Mailing Address:

24425 MARINE VIEW DR S
DES MOINES, WA 98198

FEI Number: 59-6213079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKENZIE, ALEENE KIDD
626 NE 45TH COURT
OCALA, FL 34470 US

Name and Address of New Registered Agent:

MACKENZIE, ALEENE KIDD
2320 S. E. 19TH CIRCLE
OCALA, FL 34471 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:

03/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: SPEIGHT-BRIDGES, VIVIAN
Address: 1500 CARSON ST. #108
City-St-Zip: RALEIGH, NC 27608

Title: 1VP () Delete
Name: PRESTON, BETSY
Address: 1501 UNIVERSITY BLVD
City-St-Zip: KINGSPORT, TN 37660

Title: T () Delete
Name: MCKAY, CINDY
Address: 24425 MAVINFIELD VIEW DR. S.
City-St-Zip: DES MOINES, WA 98198

Title: P () Delete
Name: GARVIN, DEBRA
Address: 117 MANCHESTER STREET
City-St-Zip: CONCORD, NH 03301

Title: 2VP () Delete
Name: BRODBECK, KAY
Address: PO BOX 1379
City-St-Zip: CLINTON, MS 39060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MCKAY, CINDY
Address: 24425 MARINE VIEW DR. S.
City-St-Zip: DES MOINES, WA 98198

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CINDY MCKAY

T

03/01/2009

Electronic Signature of Signing Officer or Director

Date