


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90044 018 ****61.25

| | | | | | |
|--|--|---------------------|---|---|------------------------------------|
| DOCUMENT # 721781 1. Entity Name THE INTERNATIONAL WOMEN'S FISHING ASSOCIATION | | | |  | |
| Principal Place of Business 21547 TIMBERLAKE ROAD LYNCHBURG, VA 24502 | | | Mailing Address P.O. BOX 21066 FT. LAUDERDALE, FL 33335 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-6153101 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LEADER, PAUL F 5979 N.W. 151 STREET SUITE 110 MIAMI LAKES, FL 33014 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | |
| DATE | | | DATE | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE P NAME BOOTH, LISA STREET ADDRESS 21547 TIMBERLAKE RD. CITY-ST-ZIP LYNCHBURG, VA 24502 | <input checked="" type="checkbox"/> Delete | | TITLE P NAME Gwen Hahn STREET ADDRESS 607 Rosa Court CITY-ST-ZIP Palm Beach Gardens, Fl. 33410 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE V NAME HAHN, GWEN STREET ADDRESS 607 ROSA COURT CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 | <input checked="" type="checkbox"/> Delete | | TITLE VP NAME Lisa Booth STREET ADDRESS 21547 Timberlake Road CITY-ST-ZIP Lynchburg, Va. 24502 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE S NAME DELANOVSSAYE, KATHY STREET ADDRESS 76184 OVERSEAS HIGHWAY CITY-ST-ZIP ISLAMORADA, FL 33036 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE T NAME LOCKE, DIANE STREET ADDRESS 7105 NORTH RIDGE DR. CITY-ST-ZIP RALEIGH, NC 27615 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed or on an attachment with an address with all other like empowered. | | | | | |
| THE INTERNATIONAL WOMEN'S FISHING ASSOCIATION, DIANE LOCKE, TREASURER | | | | | |
| SIGNATURE <i>Diane Locke</i> 2/17/2008 919-496-6133 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date Daytime Phone # | | | | | |