

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90076 038 \*\*\*\*61.25

**DOCUMENT # F97000000091**

1. Corporation Name

**AMERICAN SOCIETY OF WOMEN ENTREPRENEURS, INC.**

Principal Place of Business  
2121 PRECINCT LINE RD.  
HURST TX 76054

Mailing Address  
2121 PRECINCT LINE RD.  
HURST TX 76054



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/06/1997

4. FEI Number

43-1498818

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME JENSEN, LOU ANNE KING  
STREET ADDRESS 7802 LEESBURG  
CITY-ST-ZIP COLLEYVILLE TX 76034 ☐ DELETE

TITLE SD  
NAME SMEDSROD, HILARY  
STREET ADDRESS 601 WINDING CREEK CT.  
CITY-ST-ZIP SOUTHLAKE TX 76092 ☒ DELETE

TITLE TD  
NAME JENSEN, LOU ANNE K  
STREET ADDRESS 7802 LEESBURG  
CITY-ST-ZIP COLLEYVILLE TX 76034 ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE Vice President ☐ Change ☒ Addition  
2.2 NAME Silvia Pendleton  
2.3 STREET ADDRESS 2121 Precinct Line Rd  
2.4 CITY-ST-ZIP Hurst, TX 76054

3.1 TITLE Secretary/Treasurer ☐ Change ☒ Addition  
3.2 NAME Marsha Brown  
3.3 STREET ADDRESS 2121 Precinct Line Rd  
3.4 CITY-ST-ZIP Hurst, TX 76054

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Silvia Pendleton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED Silvia Pendleton

3/11/99

817-428-4200

Date

Daytime Phone #

CR2E037 (11/98)