

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001537

FILED
Feb 05, 2009
Secretary of State

Entity Name: THE PINELLAS COUNTY CHAPTER OF THE FLORIDA ASSOCIATION FOR WOMEN LAWYERS, INC.

Current Principal Place of Business:

1006 DREW STREET
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

1006 DREW STREET
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 59-3718846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINTERS, ELISE K
1006 DREW ST
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSE, DONNA
Address: PO BOX 365
City-St-Zip: CLEARWATER, FL 33757

Title: DT () Delete
Name: WINTERS, ELISE K
Address: 1006 DREW ST
City-St-Zip: CLEARWATER, FL 33755

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FEATHERSTON, ROBYN M
Address: P.O. BOX 12349
City-St-Zip: ST. PETERSBURG, FL 33733

Title: VD (X) Change () Addition
Name: MAXEY, BRITTANY J
Address: 13630 58TH STREET NORTH, SUITE 101
City-St-Zip: CLEARWATER, FL 33760

Title: TD () Change (X) Addition
Name: WINTERS, ELISE K
Address: 1006 DREW STREET
City-St-Zip: CLEARWATER, FL 33755

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: ELISE K. WINTERS

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02/05/2009

Electronic Signature of Signing Officer or Director

Date