

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004862

FILED
Apr 29, 2008
Secretary of State

Entity Name: THE ENTERPRISING WOMEN'S LEADERSHIP INSTITUTE, INC.

Current Principal Place of Business:

8220 A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

8220 A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 01-0741464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILES, MARILYN
8220 A1A SOUTH
SAINT AUGUSTINE, FL 32080 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: P () Delete
Name: WILES, MARILYN M
Address: 8220 A2A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP () Delete
Name: HOLSOMBACH-EBNER, CINDA M
Address: 23213 HARBOUR VISTA CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T () Delete
Name: MANTIONE, DIANE M
Address: 1388 BARRINGTON CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32092

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T () Change (X) Addition
Name: WAHL-TEMPLE, ELAINA
Address: 324 ISLAND LANDING DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

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: ELAINA W-TEMPLE

T

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date