

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004862

FILED  
Mar 16, 2011  
Secretary of State

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

**Current Principal Place of Business:**

131 RIO DEL MAR RD.  
APT. J.  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

131 RIO DEL MAR RD.  
APT. J.  
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, MARGARET A MS  
131 RIO DEL MAR RD.  
APT. J  
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: D  
Name: WILES, MARILYN M  
Address: 8220 A1A SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: SEC  
Name: HOLSOMBACH-EBNER, CINDA M  
Address: 22 COLLINGTON CT  
City-St-Zip: PALM COAST, FL 32137

Title: T  
Name: WILES, MARGARET A  
Address: 131 RIO DEL MAR RD. APT. J  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D  
Name: STARK, LIANE  
Address: 1195 SAN JOSE FOREST DR  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D  
Name: ISAM, DIANNA  
Address: 620 QUEEN ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby 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 all other like empowered.

SIGNATURE: MARGARET A WILES

T

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date