

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05768

FILED
Nov 02, 2004
Secretary of State**Entity Name:** WOMEN OWNERS NETWORK, INC.**Current Principal Place of Business:**P. O. BOX 25654
SARASOTA, FL 342779654**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 25654
SARASOTA, FL 342779654**New Mailing Address:****FEI Number:** 59-2454267 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**MOORE, ARLENE
3150 SOUTH GATE CIRCLE
SARASOTA, FL 34239 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 () Delete
Name: MIZZONI, CARMEN
Address: 5395 KELLY DR
City-St-Zip: SARASOTA, FL 34233**Title:** D () Delete
Name: MOORE, ARLENE
Address: 3150 SOUTH GATE CIRCLE
City-St-Zip: SARASOTA, FL 34239**Title:** D () Delete
Name: FINCH, SHIRLEY A
Address: 5560 BEE RIDGE RD #D-3
City-St-Zip: SARASOTA, FL 34233**Title:** D () Delete
Name: HAMANN, BARBARA
Address: 8051 N TAMIAMI TR #43
City-St-Zip: SARASOTA, FL 34232**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:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ARLENE MOORE

D

11/02/2004

Electronic Signature of Signing Officer or Director

Date