

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90194 018 \*\*\*\*61.25

**DOCUMENT # N05768**

1. Entity Name  
**WOMEN OWNERS NETWORK, INC.**



Principal Place of Business  
**P. O. BOX 25654  
 SARASOTA, FL 34277-9654**

Mailing Address  
**P. O. BOX 25654  
 SARASOTA, FL 34277-9654**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04192005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2454267**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOORE, ARLENE  
 3150 SOUTH GATE CIRCLE  
 SARASOTA, FL 34239**

7. Name and Address of New Registered Agent

Name *Carol A. Coniglio*

Street Address (P.O. Box Number is Not Acceptable)  
*3910 Golf Park Loop  
 Suite 1*

City *Bradenton* FL Zip Code *34203*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol A. Coniglio* DATE *4/26/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIZZONI, CARMEN			NAME	Linda Starcher		
STREET ADDRESS	5395 KELLY DR			STREET ADDRESS	1749 Loma Linda St.		
CITY-ST-ZIP	SARASOTA, FL 34233			CITY-ST-ZIP	Sarasota, FL 34239		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, ARLENE			NAME	Pam McCurdy		
STREET ADDRESS	3150 SOUTH GATE CIRCLE			STREET ADDRESS	5944 Wildwood Ave.		
CITY-ST-ZIP	SARASOTA, FL 34239			CITY-ST-ZIP	Sarasota, FL 34231		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINCH, SHIRLEY A			NAME	Carol A. Coniglio		
STREET ADDRESS	5560 BEE RIDGE RD #D-3			STREET ADDRESS	3910 Golf Park Loop, Suite 1		
CITY-ST-ZIP	SARASOTA, FL 34233			CITY-ST-ZIP	Bradenton, FL 34203		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMANN, BARBARA			NAME	Barbara Wright		
STREET ADDRESS	8051 N TAMiami TR #43			STREET ADDRESS	116 Sarasota Quay		
CITY-ST-ZIP	SARASOTA, FL 34232			CITY-ST-ZIP	Sarasota, FL 34236		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Carol A. Coniglio, secretary* DATE *4/26/05*