

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006736

FILED
May 01, 2009
Secretary of State

Entity Name: PROFESSIONAL WOMEN'S NETWORK, INC.

Current Principal Place of Business:

480 MAPLEWOOD DR #3
JUPITER, FL 33458

New Principal Place of Business:

480 MAPLEWOOD DR
SUITE 3
JUPITER, FL 33458

Current Mailing Address:

480 MAPLEWOOD DR #3
JUPITER, FL 33458

New Mailing Address:

480 MAPLEWOOD DR
SUITE 3
JUPITER, FL 33458

FEI Number: 26-0143577 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:

DESORMIER-CARTWRIGHT, ANNE
480 MAPLEWOOD DRIVE
SUITE 3
JUPITER, FL 33458 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: DP () Delete
Name: NICHOLAS, VALARIE
Address: PO BOX 33242
City-St-Zip: PALM BEACH GARDENS, FL 334203242

Title: DT () Delete
Name: DESORMIER-CARTWRIGHT, ANNE
Address: 480 MAPLEWOOD DRIVE
City-St-Zip: JUPITER, FL 33458

Title: DV () Delete
Name: REEKERSGHT, PAM
Address: PO BOX 33242
City-St-Zip: PALM BEACH GARDENS, FL 334203242

Title: DS () Delete
Name: WEINSTOCK, GINA
Address: PO BOX 33242
City-St-Zip: PALM BEACH GARDENS, FL 334203242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BLAKE, BRITAN
Address: PO BOX 33242
City-St-Zip: PALM BEACH GARDENS, FL 334203242

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

Title: DV (X) Change () Addition
Name: JOSLIN, NORMA
Address: PO BOX 33242
City-St-Zip: PALM BEACH GARDENS, FL 334203242

Title: DS (X) Change () Addition
Name: MCNAMARA, DEENA
Address: PO BOX 33242
City-St-Zip: PALM BEACH GARDENS, FL 334203242

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: ANNE DESORMIER-CARTWRIGHT

TRES

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date