

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000007013

**FILED**  
**Feb 11, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN BUSINESS WOMEN'S ASSOCIATION SUNRISE CHAPTER, INC.

**Current Principal Place of Business:**

1990 MAIN STREET  
SUITE 801  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3486  
SARASOTA, FL 34230

**New Mailing Address:**

**FEI Number:** 26-0365042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABWA SUNRISE CHAPTER  
1990 MAIN STREET  
SUITE 801  
SARASOTA, FL 34236 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  
Name: DAVIS, ANGELA  
Address: 1990 MAIN STREET, SUITE 801  
City-St-Zip: SARASOTA, FL 34236

Title: DT  
Name: BYNUM, JULIE L  
Address: 1990 MAIN STREET SUITE 801  
City-St-Zip: SARASOTA, FL 34236

Title: DV  
Name: STEWART, DIANE  
Address: 1990 MAIN STREET, SUITE 801  
City-St-Zip: SARASOTA, FL 34236

Title: DS  
Name: STETLER, CINDY  
Address: 1990 MAIN STREET SUITE 801  
City-St-Zip: SARASOTA, FL 34236

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: JULIE L BYNUM

DT

02/11/2012

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

\_\_\_\_\_  
Date