

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000000844

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** BUSINESS WOMEN INSPIRATIONAL NETWORK INC

**Current Principal Place of Business:**

7306 BRIARLYN COURT  
ORLANDO, FL 32818 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 680933  
ORLANDO, FL 32868 US

**New Mailing Address:**

**FEI Number:** 26-1644663

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PITTS, MARY E  
7306 BRIARLYN COURT  
ORLANDO, FL 32818 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:** P  
**Name:** PITTS, MARY E  
**Address:** 7306 BRIARLYN COURT  
**City-St-Zip:** ORLANDO, FL 32818 US

**Title:** VP  
**Name:** PITTS, EDWARD L  
**Address:** 7306 BRIARLYN COURT  
**City-St-Zip:** ORLANDO, FL 32818 US

**Title:** S  
**Name:** THOMAS, SHARLYNE  
**Address:** 3904 ALPERT DRIVE  
**City-St-Zip:** ORLANDO, FL 32810

**Title:** T  
**Name:** BERNARD, AYANA  
**Address:** 1176 NORTH FAIRWAY DRIVE  
**City-St-Zip:** APOPKA, FL 32712

**Title:** D  
**Name:** DAY, KATHY  
**Address:** 16313 MEREDREW LANE  
**City-St-Zip:** CLERMONT, FL 34711

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:** MARY PITTS

P

04/29/2011

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

\_\_\_\_\_  
Date