

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010693

FILED  
Apr 22, 2011  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION FOR WOMEN LAWYERS, THIRD CIRCUIT LOCAL CHAPTER, INC.

**Current Principal Place of Business:**

125 NE RANGE AVE  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2081  
LAKE CITY, FL 320562081

**New Mailing Address:**

**FEI Number:** 80-0585353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOURAKER-GARDNER, LAURA ANN  
125 NE RANGE AVE  
MADISON, FL 32340 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: FOURAKERGARDNER, LAURA ANN  
Address: PO BOX 2081  
City-St-Zip: LAKE CITY, FL 320562081

Title: S  
Name: TAIBIL, MONICA  
Address: 125 NE RANGE AVE  
City-St-Zip: MADISON, FL 32340

Title: D  
Name: SCHLITZKUS, LISA A  
Address: 118 N MARION AVE  
City-St-Zip: LAKE CITY, FL 320553913

Title: P  
Name: HINTON, KENDRA  
Address: 161 SW VERA GIN  
City-St-Zip: LAKE CITY, FL 320241806

Title: V  
Name: SEIFERT, CHRISTINA N  
Address: 248 N MARION AVE STE 2  
City-St-Zip: LAKE CITY, FL 320552863

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: LISA A. SCHLITZKUS

D

04/22/2011

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

\_\_\_\_\_  
Date