

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90061 038 ****61.25

DOCUMENT # N22094

1. Entity Name
FORT MYERS WOMEN'S NETWORK, INC.



Principal Place of Business
P O BOX 62215
FT MYERS, FL 33906

Mailing Address
P.O. BOX 07111
FT MYERS, FL 33919

40048287



2. Principal Place of Business - No P.O. Box #
6321 Daniels Pkwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272007 Chg-NP CR2E037 (12/06)

City & State

Ft Myers, FL

City & State

4. FEI Number
59-2844137

Applied For

Not Applicable

Zip
33912

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNOLL, MARLENE
117 SW 10TH PLACE
CAPE CORAL, FL 33991

→ correction in address

7. Name and Address of New Registered Agent

Name **Knoll, Marlene**

Street Address (P.O. Box Number is Not Acceptable)

1117 SW 10th place

City

CAPE CORAL, FL

FL

Zip Code

33991

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

Marlene Knoll

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-29-07

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE **DT** ☐ Delete
NAME **IZZU, JOAN**
STREET ADDRESS **925 SW 13TH STREET**
CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE **VPD** ☒ Delete
NAME **WHITTINGTON, HOLLY**
STREET ADDRESS **15560 ROYAL COACH CIRCLE**
CITY-ST-ZIP **NORTH FORT MYERS, FL 33917**

TITLE **DP** ☐ Delete
NAME **KNOLL, MARLENE**
STREET ADDRESS **1117 SW 10TH PLACE**
CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE **DS** ☒ Delete
NAME **WALDON, LENEVA**
STREET ADDRESS **8511 MANDERSTON COURT**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Change ☒ Addition
NAME **Leneva Jo Waldon**
STREET ADDRESS **8511 Manderston Court**
CITY-ST-ZIP **Ft Myers, FL 33912**

TITLE **DS** ☐ Change ☒ Addition
NAME **Debra Grale**
STREET ADDRESS **1210 SE 36th St**
CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Marlene Knoll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-07

Date

239-848-5024

Daytime Phone #