

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90135 028 ****61.25

DOCUMENT # N22094

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



Principal Place of Business
**6321 DANIELS PKWY
FORT MYERS, FL 33912**

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

2. Principal Place of Business - No P.O. Box #
1320 Business Way
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 62215
Suite, Apt. #, etc.



04172008 Chg-NP CR2E037 (12/06)

City & State
Lehigh Acres, FL
Zip
33934 Country
USA

City & State
Ft Myers, FL
Zip
33906 Country
USA

4. FEI Number
59-2844137

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KNOLL, MARLENE
1117 SW 10TH PLACE
CAPE CORAL, FL 33991**

7. Name and Address of New Registered Agent

Name
Leneva Jo Waldon
Street Address (P.O. Box Number is Not Acceptable)
8511 Manderston Court
City
Ft Myers FL Zip Code
33912

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

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

(NOTE: Registered Agent signature required when reinstating)

4/18/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	DT IZZI, JOAN 925 SW 13TH STREET CAPE CORAL, FL 33991	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALDON, LENEVA JO 8511 MANDERSTON COURT FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KNOLL, MARLENE 1117 SW 10TH PLACE CAPE CORAL, FL 33991	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GNALEY, DEBRA 1201 SE 36TH STREET CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Judy Joyce 1320 Business Way Lehigh Acres, FL 33936	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Sarona R. Weyant 3461 Malagrotta Circle Cape Coral FL 33909	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Leneva Jo Waldon 8511 Manderston Court Ft Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Lynne Pietrzyk 19831 Beaulieu Ct Ft Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Leneva Jo Waldon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08 (239) 218-9207
Date Daytime Phone #