

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90148 043 ****61.25

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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 62215
FT MYERS FL 33906

11033159



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

HUGHES, MARIE
16169 ESTUARY CT.
BOKEELIA FL 33922

7. Name and Address of New Registered Agent

Name

Marlene Knoll

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

1117 SW 10th place

City

CAPE CORAL

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 - Director/Treasurer**

4-28-03

FILE NOW: FEE IS \$61.25

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 **KNOLL, MARLENE**
STREET ADDRESS **3041 SE 11 AVENUE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **VPD** ☐ Delete
NAME **DEFORGE, SHELLY**
STREET ADDRESS **2313 EPHRAM AVENUE**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **DP** ☒ Delete
NAME **BENNESE, JANN**
STREET ADDRESS **3726 SE SANTA BARBARA PL**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **DS** ☒ Delete
NAME **MAWSON, JAN**
STREET ADDRESS **5408 SW 2ND AVENUE**
CITY-ST-ZIP **CAPE CORAL FL 33914**

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 **DT** ☒ Change ☐ Addition
NAME **Knoll, Marlene**
STREET ADDRESS **1117 SW 10th place**
CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE **DP** ☒ Change ☐ Addition
NAME **DeForge, Shelly**
STREET ADDRESS **2313 Ephram Ave**
CITY-ST-ZIP **Ft Myers, FL 33907**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Torregrossa, Sharon**
STREET ADDRESS **11215 Metro Pkwy**
CITY-ST-ZIP **Ft Myers, FL 33912**

TITLE **DS** ☐ Change ☒ Addition
NAME **Johnson, Janet**
STREET ADDRESS **9470 Heath Park Circle**
CITY-ST-ZIP **Ft. Myers, FL 33908**

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 exemption stated in Section 119.07(3)(i), 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 REQUIRED**

4-28-03

239-415-5069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)