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

Mailing Address

C/O BERENICE K. GEORGE

2062 LOS LOMAS DRIVE

DOCUMENT # N31108

1. Entity Name

Principal Place of Business

C/O BERENICE K. GEORGE

NAVY WOMEN FOUNDATION, INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90084 023 ****61.25

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2062 LOS LOM CLEARWATER F US			OS LOMAS DRIVE VATER FL 33763						
2. Principal Place of Business		3. Mailing Address				IIBBU IYON BÜHAT IBN FINIY DIE			
Suite, Apt. #, etc.			te, Apt. #, etc.		FP CH	CHECK HERE IF MAKING CHANGES			
City & State			& State		4. FEI Number 59-2	4. FEI Number 59-2998324 Applied For Not Applicable			
Zip	Country		Country	5. Certificate of Statu	us Desired				
	6. Name and Address of Current	Registere	d Agent		7. Name and Address of New Registered Agent				
GEORGE, BERENICE K. 2062 LOS LOMAS DRIVE CLEARWATER FL 33763				Street Address (P.O. Box Number is Not Acceptable)					
				City	· · · · · · · · · · · · · · · · · · ·	FL Zip Code			
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purp	ose of changing its re	gistered office or regi	istered agent, or both, in the	e State of Florida. I am	familiar with, a	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE:				Registered Agent signature rec	quired when reinstating)	DATE			
	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Chec Florida Depa			
10.	OFFICERS AND DI	RECTORS		11.	ADDITIONS/CHANGES	TO OFFICERS AND D	IRECTORS IN	10	
TITLE	D		Delete	TITLE		!	Change	☐ Addition	
NAME STREET ADDRESS City-St-Zip	FLOYD, DOROTHY 2709 CORSAIR DRIVE BIRMINGHAM AL	DE	eeased)	NAME STREET ADDRESS CITY-ST-ZIP		:			
TITLE NAME STREET ADDRESS	D ANDERSON, ANNE 301 JOLIET_RD	. ,	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MARQUETTE HEIGHTS IL TD GEORGE, BERENICE K. 2062 LOS LOMAS DRIVE		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP	CLEARWATER FL D	. <u> </u>	Delete	CITY-ST-ZIP TITLE		;	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	HOMICK, RUBY 6510 SENEGAL PALM WAY APOLLO BEACH FL 33572			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINDS, MARY M 4369 BLUEWATER AVE SPRING HILL FL 34606		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		:	☐ Change	☐ Addition \	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDD, DOROTHY RT. 1, BOX 64 B TOOMSBORO GA		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		!	☐ Change	☐ Addition	

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:

pr 14,2003