FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40034 (3)

1. Corporation Name

PENSACOLA WOMEN'S ALLIANCE, INC.

Principal Place of Business	Mailing Address
C/O MARY M. CALLAWAY 1600 NORTH PALAFOX STREET PENSACOLA FL 32501	C/O MARY M. CALLAWAY 1600 NORTH PALAFOX STREET PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1990
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-3037513 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CALLAWAY, MARY M.
1600 NORTH PALAFOX STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	Secretary S/D	☒ Change ☐ Addition
NAME	GUTHRIE, MARIAN	1.2 NAME	Karen McCurley	
STREET ADDRESS	2178 MAGNOLIA AVE.	1.3 STREET ADDRESS	7280 Plantation Rd., Suite B	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	P	2.1 TITLE	Treasurer T/D	☒ Change ☐ Addition
NAME	SIMS, DOT	2.2 NAME	Paula Drummond	
STREET ADDRESS	527 BOBWHITE COURT	2.3 STREET ADDRESS	316 S. Baylen St., Suite 450	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	VPD	3.1 TITLE	Vice President V/D	☒ Change ☐ Addition
NAME	BRANTLEY, CLERICE	3.2 NAME	Emily Baird	
STREET ADDRESS	6130 JASMINE RD	3.3 STREET ADDRESS	35 Avenida de Manana	
CITY-ST-ZIP	GULF BREEZE FL	3.4 CITY-ST-ZIP	Pensacola Beach, FL 32561	
TITLE	VPD	4.1 TITLE	Vice President V/D	☒ Change ☐ Addition
NAME	PAREKH, GEETANJALI D	4.2 NAME	Philomena Marshall	
STREET ADDRESS	7441 E BURGESS RD D101	4.3 STREET ADDRESS	4400 Bayou Blvd., Cordova Sq Suite 47-C	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	TD	5.1 TITLE	President P/D	☒ Change ☐ Addition
NAME	QUINN, DONNA	5.2 NAME	DONNA QUINN	
STREET ADDRESS	1108-A GULF BREEZE PARKWAY	5.3 STREET ADDRESS	1108-A Gulf Breeze Parkway	
CITY-ST-ZIP	GULF BREEZE FL	5.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	CORWIN, BARBARA	6.2 NAME		
STREET ADDRESS	1517 NO 9TH AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2-14-95 704-932-2227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Donna S. Quinn

0070035