## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N40034

1. Entity Name

## PENSACOLA WOMEN'S ALLIANCE, INC.

Principal Place of Business

Mailing Address

120-3-ALCANIZ-ST-PENSAGOLA FL-32501

C/O PAULA DRUMMOND -120 S-ALGANIZ-ST-PENSACOLA FL 32501

2. Principal Place of Business 1001 N. 12th Avenue	3. Mailing Addres P. O.	Box	2637
Suite, Apt. #, etc.	Suite, Apt. #, e	etc.	

**FILED** Jan 31, 2001 8:00 am Secretary of State

01-31-2001 90178 048 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Pensacola FL		City & State			4. FEI Numb	er EQ-3	037513			Applied For		
	te in	4	Pensacola FL			<del></del>	29-31	00/010			Not Applicable	
32501	Country U.S		32513-2637		5. Certificate of Status Desi			Desired		<b>\$8.75</b> A Fee Requ		
	6. Name and Address of	Current R	egistered Agent				7. Name and	d Address	of New Re	gistered /	Agent	· · · · · · · · · · · · · · · · · · ·
					Name							<u></u>
120 S ALC	ND, PAULA G CANIZ ST ILA FL 32501			;	100	<u>  N.</u>	2.0. Box Numb	oer is Not A Au <i>e</i>	cceptable)	FL	Zip Co	ode 501
8 The above	named entity submits this et	atement for t	the purpose of changing its re	nister	ed office of	registere	ed agent, or he	oth in the s	tate of Flori		152	
SIGNATURE	( ) . H	Zue	mord	Registered	d Agent signat	ure required v	when reinstating)  May Be to Fees		/-	DATE	Payable of State	
									·			
10.		S AND DIRE		11.			DDITIONS/CF	HANGES TO	OFFICER	S AND DIF	RECTORS	
NAME STREET ADDRESS CITY-ST-ZIP	TD MC CURLEY, KAREN 120 S ALCANIZ ST PENSACOLA FL 32501		<b>⊠</b> Delete	I -		1011	inia i N. I acola,	244 A	UC .	t	<b>⊠</b> Change	e 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DRUMMOND, PAULA G 120 S ALCANIZ ST PENSACOLA FL 32501		☐ Delete	1		PAU		DRUM 2th A	nmor ve.	nd	<b>⊠</b> Change	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RONE, RITA 120 S ALCANIZ ST PENSACOLA FL		<b>⊠</b> Delete			P D MICH 455	TON,	TE 5106	OR		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YEAGLE, VIRGINIA 120 S ALCANIZ ST PENSACOLA FL 32501		☐ Delete			920	TY W. BAY SACOL	BLVI	ο.	503	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		÷	□ Delete			5 D 50A 8680		BUJ!	N05 K	I JAY	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partiful that the informalia-	policed date	□ Delete	CITY-	ET ADDRESS ST-ZIP						Change	
indicated	ermy that the information sup on this report or supplement	al report is tr	nis filing does not qualify for t rue and accurate and that my	ne exer signat	opiion stat ure shall h	ted in Sec ave the sa	ame legal effe	(1), Fiorida ct as if mad	otatutes. I f de under oa	urtner cen ath; that I a	ıny ınat ın∈ ım an offic	er 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:**