

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40034

1. Entity Name

PENSACOLA WOMEN'S ALLIANCE, INC.

Principal Place of Business

1001 N 12TH AVE
PENSACOLA FL 32501

Mailing Address

P O BOX 2637
PENSACOLA FL 32513-2637
US

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

59-3037513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRUMMOND, PAULA G
1001 N 12TH AVE
PENSACOLA FL 32501

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
YEAGLE, VIRGINIA
1011 N 12TH AVE
PENSACOLA FL 32501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sandra J. WARD PD ☐ Change ☒ Addition
224 E. GARDEN ST. Suite 1
Pensacola, FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
DRUMMOND, PAULA G
1001 N 12TH AVE
PENSACOLA FL 32501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
EVELYN DAVIS
PO Box 10796
Pensacola, FL 32524-0796 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HITE, MICHO
4552 BAYSIDE DR.
MILTON FL 32583 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WASSON, BETTY
920 BAY BLVD.
PENSACOLA FL 32503 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BUJNOSKI, JOANNE
8680 SCENIC HIGHWAY #20
PENSACOLA FL 32514 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE REQUIRED

PAULA G. DRUMMOND

2/8/02

850 432 7555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/01)



DO NOT WRITE IN THIS SPACE