

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40034

FILED
Mar 02, 2005
Secretary of State

Entity Name: PENSACOLA WOMEN'S ALLIANCE, INC.

Current Principal Place of Business:

1001 N 12TH AVE
PENSACOLA, FL 32501

New Principal Place of Business:

1019 N 12TH AVE
PENSACOLA, FL 32501

Current Mailing Address:

P O BOX 2637
PENSACOLA, FL 325132637 US

New Mailing Address:

FEI Number: 59-3037513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DRUMMOND, PAULA G
1019 N 12TH AVE
PENSACOLA, FL 32501 US

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:

03/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SMITH, BETSY
Address: 8680 SCENIC HWY # 21
City-St-Zip: PENSACOLA, FL 32514

Title: VD () Delete
Name: NEEDLE, MARNY
Address: 1187 HINDU COVE
City-St-Zip: GULF BREEZE, FL 32563

Title: SD () Delete
Name: KING, MARJ A
Address: 6328 LANGLEY PL ROAD
City-St-Zip: PENSACOLA, FL 32504

Title: VPD () Delete
Name: BUJNOSKI, JOANNE
Address: 8680 SCENIC HIGHWAY #20
City-St-Zip: PENSACOLA, FL 32514

Title: TD (X) Delete
Name: ASHBY, SUSAN
Address: 3610 MARJEAN DR.
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, BETSY
Address: 8680 SCENIC HWY # 21
City-St-Zip: PENSACOLA, FL 32514 US

Title: VPD (X) Change () Addition
Name: NEEDLE, MARNY
Address: 1187 HINDU COVE
City-St-Zip: GULF BREEZE, FL 32563 US

Title: SD (X) Change () Addition
Name: BEAHAN, DEBORAH M
Address: PO BOX 17295
City-St-Zip: PENSACOLA, FL 32522 US

Title: TD (X) Change () Addition
Name: NORTON, KARYN
Address: 25 W CEDAR ST #503
City-St-Zip: PENSACOLA, FL 32502 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETSY SMITH

PD

03/02/2005

Electronic Signature of Signing Officer or Director

Date