

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40034

FILED
Apr 23, 2009
Secretary of State

Entity Name: PENSACOLA WOMEN'S ALLIANCE, INC.

Current Principal Place of Business:

1019 N 12TH AVE
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

P O BOX 2637
PENSACOLA, FL 325132637 US

New Mailing Address:

PO BOX 2637
PENSACOLA, FL 32513

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
1019 N 12TH AVE
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ASHBY, SUSAN
Address: PO BOX 2637
City-St-Zip: PENSACOLA, FL 32513 US

Title: VPD () Delete
Name: OLEKSY, TISH
Address: PO BOX 2637
City-St-Zip: PENSACOLA, FL 32513 US

Title: VPD () Delete
Name: EMMANUEL, CHRISTY
Address: PO BOX 2637
City-St-Zip: PENSACOLA, FL 32513 US

Title: TD () Delete
Name: STEPHENSON, SUSAN
Address: PO BOX 2637
City-St-Zip: PENSACOLA, FL 32513 US

Title: SD () Delete
Name: POPE, KAREN
Address: PO BOX 2637
City-St-Zip: PENSACOLA, FL 32513

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OLEKSY, TISH
Address: PO BOX 2637
City-St-Zip: PENSACOLA, FL 32513 US

Title: VPD (X) Change () Addition
Name: HILD, DEBORAH
Address: PO BOX 2637
City-St-Zip: PENSACOLA, FL 32513 US

Title: VPD (X) Change () Addition
Name: NANNI, CECILIA
Address: PO BOX 2637
City-St-Zip: PENSACOLA, FL 32513 US

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

Title: SD (X) Change () Addition
Name: SMITH, MARTHA
Address: PO BOX 2637
City-St-Zip: PENSACOLA, FL 32513

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TISH OLEKSY

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date