

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40034

**FILED**  
**Mar 30, 2010**  
**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:**

PO BOX 2637  
PENSACOLA, FL 32513

**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  
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  
Name: NANNI, CECILIA  
Address: PO BOX 2637  
City-St-Zip: PENSACOLA, FL 32513 US

Title: VPD  
Name: LOISELLE, ANGELA  
Address: PO BOX 2637  
City-St-Zip: PENSACOLA, FL 32513 US

Title: VPD  
Name: WHITE, RUTH  
Address: PO BOX 2637  
City-St-Zip: PENSACOLA, FL 32513 US

Title: TD  
Name: SMITH, MARTHA  
Address: PO BOX 2637  
City-St-Zip: PENSACOLA, FL 32513 US

I hereby 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 all other like empowered.

SIGNATURE: CECILIA NANNI

PD

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date