


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000001360</b> 1. Entity Name ALL NAVY WOMEN'S NATIONAL ALLIANCE, INC.	
--	---

Principal Place of Business P.O. BOX 147 GOLDENROD, FL 32733-0147 US	Mailing Address P.O. BOX 147 GOLDEN ROD, FL 32733-0147 US
--	---



02192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	--

6. Name and Address of Current Registered Agent  HILL, DOLORES A 5867 MARBLE CT WINTER PARK, FL 32792	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Dolores Hill</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small> DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BREECE, SHARON L. 5018 GOLDENROD PLACE RD. WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LAUER, LINDA 2599 MCMICHAEL RD ST CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SVEC, JANICE L 5115 OAK HILL DR WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000242568  
02/25/05-80004-009 70.00

**DO NOT WRITE  
IN THIS SPACE**

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.	
---	--

<b>SIGNATURE:</b> <i>Sharon L. Breece</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>2-19-05</i> <small>Date</small>	<i>407 677 9668</i> <small>Daytime Phone #</small>
--	---------------------------------------	---