


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90123 019 \*\*\*\*61.25

<b>DOCUMENT # N96000001360</b> 1. Entity Name <b>ALL NAVY WOMEN'S NATIONAL ALLIANCE, INC.</b>					
Principal Place of Business <b>5018 GOLDENROD RD WINTER PARK, FL 32792 US</b>			Mailing Address <b>P.O. BOX 147 GOLDEN ROD, FL 32733-0147 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WHISONANT, SHARON</b> <b>5018 GOLDENROD PLACE RD</b> <b>WINTER PARK, FL 32792</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE		
NAME	BREECE, SHARON L PRES.		NAME		
STREET ADDRESS	5018 GOLDENROD PLACE RD.		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL		CITY-ST-ZIP		
TITLE	DS		TITLE	Secretary	
NAME	PENBERTHY, LINDA A SEC.		NAME	Delores Hill	
STREET ADDRESS	5115 OAK HILL DR.		STREET ADDRESS	5867 Marble CT.	
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	DT		TITLE	Treasurer	
NAME	SVEC, JANICE L TRES.		NAME	Penberthy, Linda	
STREET ADDRESS	5115 OAK HILL DR		STREET ADDRESS	5115 Oak Hill Dr.	
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP	Winter Park, FL 32792	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>			4-21-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			407-677-9668		
			Date Daytime Phone #		