

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006841

1. Entity Name

NETWORKING CONNECTS WOMEN, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90044 044 ****61.25

Principal Place of Business

470 ANDALUSIA AVENUE
 ORMOND BEACH FL 32174

Mailing Address

489 S YONGE ST
 ORMOND BEACH FL 32174-7572

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 2784

City & State
 Ormond Beach FL

Zip
 32176

Country
 US

Suite, Apt. #, etc.

P.O. Box 2784

City & State
 Ormond Beach FL

Zip
 32176

Country
 US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3507843

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSTERNDORF, MARYELLEN P ESQ
 327 SOUTH PALMETTO AVENUE
 DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

Debra L Wise

Street Address (P.O. Box Number is Not Acceptable)

3251 S. Palmetto Ave.

City

Daytona

FL

Zip Code

32119

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.

SIGNATURE

Debra L Wise

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8.15.20

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WISE, DEBBIE	
STREET ADDRESS	489 S YONGE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, DJ	
STREET ADDRESS	489 S YONGE ST	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RHOADES, BETH	
STREET ADDRESS	4895 S YONGE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wise Debra	
STREET ADDRESS	3251 S. Palmetto Ave.	
CITY-ST-ZIP	Daytona, FL 32119	
TITLE	JUDITH Plumer - T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	6 Venetian Circle	
CITY-ST-ZIP	Port Orange, FL 32118	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Belinda Shotts	
STREET ADDRESS	50 Huntmaster Ct	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE: BELINDA SHOTTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/20

Date

Daytime Phone #

CR2E037 (9/99)