

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001537

Entity Name: THE PINELLAS COUNTY CHAPTER OF THE FLORIDA ASSOCIATION FOR WOMEN LAWYERS, INC.**FILED**
Feb 04, 2021
Secretary of State
7931721329CC**Current Principal Place of Business:**1006 DREW STREET
CLEARWATER, FL 33755**Current Mailing Address:**1006 DREW STREET
CLEARWATER, FL 33755**FEI Number: 59-3718846****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WINTERS, ELISE K
1006 DREW ST
CLEARWATER, FL 33755 US*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**Officer/Director Detail :**Title PAST PRESIDENT, DIRECTOR
Name DAHLQUIST, SHAVARNE B ESQ.
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716Title PRESIDENT, DIRECTOR
Name BELL, NICOLE
Address 100 2ND AVE S #900
City-State-Zip: ST PETERSBURG FL 33701-4360Title VP, DIRECTOR
Name GAUNCE, MEREDITH
Address 2525 1ST AVE S
City-State-Zip: ST PETERSBURG FL 33712Title TREASURER, DIRECTOR
Name WINTERS, ELISE K ESQ.
Address 1006 DREW STREET
City-State-Zip: CLEARWATER FL 33755Title SECRETARY, DIRECTOR
Name CARRION, DEANIELA
Address 700 BEE POND ROAD
City-State-Zip: PALM HARBOR FL 34683

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: ELISE K. WINTERS**TREASURER****02/04/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date