

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012259

**Entity Name:** WOMEN IN AVIATION, CENTRAL FLORIDA CHAPTER, INC.

**FILED**  
**Apr 25, 2024**  
**Secretary of State**  
**5522780159CC**

**Current Principal Place of Business:**

10093 HART BRANCH CIRCLE  
ORLANDO, FL 32832

**Current Mailing Address:**

10093 HART BRANCH CIRCLE  
ORLANDO, FL 32832 US

**FEI Number: 84-1710008**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SPOLAR, LAURA  
10093 HART BRANCH CIRCLE  
ORLANDO, FL 32832 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: LAURA SPOLAR**

**04/25/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name SPOLAR, LAURA  
Address 10093 HART BRANCH CIRCLE  
City-State-Zip: ORLANDO FL 32832

Title PRESIDENT  
Name COMPTON, COURTNEY  
Address 636 MARATHON WAY  
City-State-Zip: SOUTH DAYTONA FL 32119-1918

Title TREASURER  
Name HUTCHINS, CAROLYN  
Address 2636 CAMOMILE DR.  
City-State-Zip: ORLANDO FL 32837-6744

Title DIRECTOR  
Name RADIGAN, AUBREY  
Address 410 W HIGH ST  
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR  
Name BENET, ANA  
Address 2735 SHERWOOD COURT  
City-State-Zip: TITUSVILLE FL 32796

Title DIRECTOR  
Name PERRIN, ANNA KAY  
Address 3296 MAJESTIC OAK DR.  
City-State-Zip: ST. CLOUD FL 34771-7788

Title DIRECTOR  
Name HAUSER, JAMIE  
Address 1122 WISCONSIN AVE.  
City-State-Zip: SAINT CLOUD FL 34769

Title VP  
Name LOPEZ, MASSIEL  
Address 4870 NATHAN HALE BLVD  
APT. #707  
City-State-Zip: ST. CLOUD FL 34769

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*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: CAROLYN HUTCHINS**

**TREASURER**

**04/25/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           TASEVICH, LISA  
Address        1010 SILVER PALM LANE  
City-State-Zip: MAITLAND FL 32751