

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012259

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

Current Principal Place of Business:

1778 SENECA BLVD
WINTER SPRINGS, FL 32708

Current Mailing Address:

1778 SENECA BLVD
WINTER SPRINGS, FL 32708 US

FEI Number: 84-1710008

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSS, LAUREL E
1778 SENECA BLVD
WINTER SPRINGS, FL 32708 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: LAUREL E ROSS

04/05/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VP
Name LANG, ASHLEY
Address 4866 S SEMORAN
 UNIT 1801
City-State-Zip: ORLANDO FL 32822

Title SECRETARY
Name LYNCH, MADDI
Address 7511 SOLSTICE CIRCLE
 APT 1318
City-State-Zip: ORLANDO FL 32821

Title TREASURER
Name ROSS, LAUREL
Address 1778 SENECA BLVD
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR
Name LEMMON, ANITA
Address GREATER ORLANDO AVIATION
 AUTHORITY
 1 JEFF FUQUA BLVD
City-State-Zip: ORLANDO FL 32827

Title DIRECTOR
Name QUINONES, ILIA
Address P.O. BOX 1294
City-State-Zip: GOLDENROD FL 32733

Title DIRECTOR
Name DATZ, JENNIFER
Address 1734 W CARRIAGE DR
City-State-Zip: TITUSVILLE FL 32796

Title DIRECTOR
Name HOLLAND, PAM
Address 3112 WATER EDGE PT
City-State-Zip: WINTER PARK FL 32792

Continues on page 2

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: LAUREL ROSS

TREASURER

04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PERRIN, ANNA KAY
Address 6007 FOLKSTONE LN
City-State-Zip: ORLANDO FL 32822