

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000012259

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

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

03/12/2022

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

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

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

Title DIRECTOR
Name KENNEDY, BARBARA
Address 4950 PINWOOD PLACE
City-State-Zip: COCOA FL 32926

Title DIRECTOR
Name SUZIE, SALLYERS
Address 3051 E LIVINGSTON ST.
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name RODRIGUEZ, KELSIE
Address 9174 RED HAWK CT
City-State-Zip: ORLANDO FL 32832-5637

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

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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: LAURA SPOLAR

PRESIDENT

03/12/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name AMBER , BRIERLY
Address 3564 AVALON PARK E BLVD., STE 1 UNIT A955
City-State-Zip: ORLANDO FL 32828-8405

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