## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000008614

Entity Name: WOMEN'S LEADERSHIP ALLIANCE, INC.

**FILED** Mar 14, 2017 **Secretary of State** CC4032868688

## **Current Principal Place of Business:**

131 2ND AVE NORTH, SUITE 200 JACKSONVILLE BEACH, FL 32250

## **Current Mailing Address:**

131 2ND AVE NORTH, SUITE 200 JACKSONVILLE BEACH. FL 32250 US

FEI Number: 81-3732234 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

CARTER, MARY 131 2ND AVE NORTH, SUITE 200 JACKSONVILLE BEACH, FL 32250 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title DV

CARTER, MARY STEPHENS, SHERRI Name Name

131 2ND AVE NORTH, SUITE 200 131 2ND AVE NORTH, SUITE 200 Address Address City-State-Zip: JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 City-State-Zip:

Title DV Title DVS

Name STARNER, MARGARET MCGEE, JUDITH Name

Address 2525 PONCE DE LEON BOULEVARD, Address 12455 SW 68TH AVENUE

SUITE

DΡ

City-State-Zip: PORTLAND OR 97223 City-State-Zip: CORAL GABLES FL 33134

Title D

Title Name MILSTONE, SACHA Name BLESSING, KALITA

Address 1942 BROADWAY STREET, SUITE 400 Address 8117 PRESTON ROAD, SUITE 700

DALLAS TX 75225 City-State-Zip: City-State-Zip: BOULDER CO 80302

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: MARY CARTER

REGISITER AGENT V **PRESIDENT** 

03/14/2017