

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000008614

Entity Name: WOMEN'S LEADERSHIP ALLIANCE, INC.**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:** No**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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DV
Name CARTER, MARY
Address 131 2ND AVE NORTH, SUITE 200
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DV
Name STEPHENS, SHERRI
Address 131 2ND AVE NORTH, SUITE 200
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DVS
Name MCGEE, JUDITH
Address 12455 SW 68TH AVENUE
City-State-Zip: PORTLAND OR 97223

Title DV
Name STARNER, MARGARET
Address 2525 PONCE DE LEON BOULEVARD,
SUITE
City-State-Zip: CORAL GABLES FL 33134

Title D, V
Name PAGE, DANIELLE
Address 165 TOWNSHIP LINE RD #1500
City-State-Zip: JENKINTOWN PA 19046

Title DP
Name BLESSING, KALITA
Address 8117 PRESTON ROAD, SUITE 700
City-State-Zip: DALLAS TX 75225

Title D, V
Name MILLER, KATHLEEN
Address 11 TENTH AVENUE
City-State-Zip: KIRKLAND WA 98033

Title D, V
Name SCHON, COLLEEN
Address 20 WASHINGTON STREET #1
City-State-Zip: VILLAGE OF CLARKSTON MI 48346

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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: MARY CARTER**DV****02/14/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D, TREASURER
Name VAUGHN, TRACY
Address 2101 SE US HIGHWAY 19
City-State-Zip: CRYSTAL RIVER FL 34229

Title OTHER
Name DANIELSON, MICHELLE
Address 18209 KEYSTONE GROVE BLVD
City-State-Zip: ODESSA FL 33556

Title DV
Name LAW, SALLY
Address 6111 TULANE AVENUE
City-State-Zip: GLEN ECHO MD 20812