

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

DOCUMENT# N18000008501

**Entity Name:** FLORIDA CONFERENCE WOMEN'S MISSIONARY SOCIETY INC

**FILED**  
**Mar 03, 2024**  
**Secretary of State**  
**5336530472CC**

**Current Principal Place of Business:**

6103 TALL PINE DR.  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

6103 TALL PINE DR.  
TALLAHASSEE, FL 32303

**FEI Number: 46-5729305**

**Certificate of Status Desired: No**

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

BROWN SILVA, MARY  
6103 TALL PINE DR.  
TALLAHASSEE, FL 32303 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 P  
Name BROWN SILVA, MARY  
Address 6103 TALL PINE DR.  
City-State-Zip: TALLAHASSEE FL 32303

Title T  
Name MCMILLON-NICHOLSON, VERNETT L  
Address POST OFFICE BOX 3630  
City-State-Zip: TALLAHASSEE FL 32315

Title VP  
Name BUSH, DAISY  
Address 2509 KILLARNEY WAY  
City-State-Zip: TALLAHASSEE FL 32309

Title S  
Name DICKEY, FELISHA P  
Address 1929 MARYELLEN DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

*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 BROWN SILVA**

**PRESIDENT**

**03/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date