

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40034

Entity Name: PENSACOLA WOMEN'S ALLIANCE, INC.

Current Principal Place of Business:

2320 GLAMIS RD
PENSACOLA, FL 32503

Current Mailing Address:

PO BOX 12157
PENSACOLA, FL 32591-2157 US

FEI Number: 59-3037513

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BROOKS, COVER
1535 WHITE CAPS LANE
PENSACOLA, FL 32507 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: COVER BROOKS

03/07/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HODSON, TRACIE
Address PO BOX 12157
City-State-Zip: PENSACOLA FL 32591-2157

Title 2ND VICE PRESIDENT - MEMBERSHIP
Name SIMPSON, SABRINA
Address PO BOX 12157
City-State-Zip: PENSACOLA FL 32591-2157

Title TREASURER
Name BROOKS, COVER
Address PO BOX 12157
City-State-Zip: PENSACOLA FL 32591-2157

Title VP, PROGRAMS
Name TREICK , KATE
Address PO BOX 12157
City-State-Zip: PENSACOLA FL 32591-2157

Title DIRECTOR- COMMUNICATIONS
Name DALHAUS, TONYA
Address PO BOX 12157
City-State-Zip: PENSACOLA FL 32591-2157

Title DIRECTOR, PAST PRESIDENT
Name MILLER, JAN
Address PO BOX 12157
City-State-Zip: PENSACOLA FL 32591-2157

Title DIRECTOR, HOSPITALITY
Name WILLIAMS, MAGI
Address PO BOX 12157
City-State-Zip: PENSACOLA FL 32591-2157

Title DIRECTOR, SCHOLARSHIPS
Name HARTNETT, SHERRY DR.
Address P.O. BOX 12157
City-State-Zip: PENSACOLA FL 32591

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: COVER BROOKS

TREASURER

03/07/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name DECKER, KATHLEEN
Address P.O. BOX 12157
City-State-Zip: PENSACOLA FL 32591