

2024 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:** No**Name and Address of Current Registered Agent:**BROOKS, COVER
2320 GLAMIS RD
PENSACOLA, FL 32503 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

03/06/2024

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 MEREDITH, BUSH
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 ALICIA, TAPPAN
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 JC, LYDON
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

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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: COVER BROOKS

TREASURER

03/06/2024

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