

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40034

**Entity Name:** PENSACOLA WOMEN'S ALLIANCE, INC.**Current Principal Place of Business:**8180 PENSACOLA BLVD.  
PENSACOLA, FL 32534**Current Mailing Address:**PO BOX 12157  
PENSACOLA, FL 32503 US**FEI Number:** 59-3037513**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KYLE, CHAE  
8180 PENSACOLA BLVD.  
PENSACOLA, FL 32534 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:** CHAE KYLE

04/10/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	2ND VICE PRESIDENT - MEMBERSHIP
Name	TAPPAN, ALICIA	Name	WALKER-WEAKLEY, ELIZABETH
Address	PO BOX 12157	Address	PO BOX 12157
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503
Title	TREASURER	Title	VP, PROGRAMS
Name	KYLE, CHAE	Name	BUSH, MEREDITH
Address	PO BOX 12157	Address	PO BOX 12157
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503
Title	DIRECTOR- COMMUNICATIONS	Title	DIRECTOR, PAST PRESIDENT
Name	GHEEN, ANDREA	Name	HODSON, TRACIE
Address	PO BOX 12157	Address	PO BOX 12157
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503
Title	DIRECTOR, HOSPITALITY	Title	DIRECTOR, SCHOLARSHIPS
Name	SMITH, SAM	Name	SWANN, LAURA DR.
Address	PO BOX 12157	Address	PO BOX 12157
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503

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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:** CHAE KYLE**TREASURER**

04/10/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name LOCHAS, ANNA  
Address PO BOX 12157  
City-State-Zip: PENSACOLA FL 32503

Title DIRECTOR, WEBSITE / IT  
Name HORNE, SARAH  
Address PO BOX 12157  
City-State-Zip: PENSACOLA FL 32503