2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40034

Entity Name: PENSACOLA WOMEN'S ALLIANCE, INC.

Current Principal Place of Business:

1535 WHITE CAPS LANE PENSACOLA, FL 32507

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:

HOBBS, LYNN 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: LYNN HOBBS 01/23/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title **SECRETARY**

MILLER, JAN Name Name SIMPSON, SABRINA

PO BOX 12157 Address PO BOX 12157 Address

City-State-Zip: PENSACOLA FL 32591-2157 PENSACOLA FL 32591-2157 City-State-Zip:

VΡ Title Title **TREASURER**

Name TREICK, KATE Name HOBBS, LYNN Address PO BOX 12157 Address PO BOX 12157

PENSACOLA FL 32591-2157 City-State-Zip: PENSACOLA FL 32591-2157 City-State-Zip:

Title DIRECTOR Title

Name SMITH, BETSY VAN HOOSE, MYRA Name Address PO BOX 12157 PO BOX 12157 Address

City-State-Zip: PENSACOLA FL 32591-2157 PENSACOLA FL 32591-2157 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name GRAY, ELIZABETH WILLIAMS, MAGI Name

PO BOX 12157 Address PO BOX 12157 Address

City-State-Zip: PENSACOLA FL 32591-2157 City-State-Zip: PENSACOLA FL 32591-2157

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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.

01/23/2022 SIGNATURE: LYNN HOBBS TREASURER

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 23, 2022

Secretary of State

4978107948CC

Officer/Director Detail Continued:

Title DIRECTOR

Name DYE, SEPTEMBER
Address P. O. BOX 12157

City-State-Zip: PENSACOLA FL 32591-2157