

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2009
Secretary of State**

DOCUMENT# N08000003484

Entity Name: WOMEN'S TRANSPORTATION SEMINAR OF NORTHEAST FLORIDA CORPORATION

Current Principal Place of Business:

8653 BAYPINE ROAD
SUITE 100
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

New Mailing Address:

P. O. BOX 788
LAKE CITY, FL 32025 US

Current Mailing Address:

8653 BAYPINE ROAD
SUITE 100
JACKSONVILLE, FL 32256 US

FEI Number: 26-2750344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHORT, SHANNON C
8653 BAYPINE ROAD
SUITE 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

CHARRON, KARIN D
8653 BAYPINE ROAD
SUITE 100
JACKSONVILLE, FL 32256 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: KARIN D. CHARRON 04/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATIL, LEENA
Address: 8653 BAYPINE ROAD, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP () Delete
Name: GARVEY, MARIA
Address: 8653 BAYPINE ROAD, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: SEC () Delete
Name: SHORT, SHANNON
Address: 8653 BAYPINE ROAD, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: TRES () Delete
Name: CHARRON, KARIN
Address: 8653 BAYPINE ROAD, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: MORALES, ED
Address: 8653 BAYPINE ROAD, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KARIN D. CHARRON TRES 04/19/2009
Electronic Signature of Signing Officer or Director Date