


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N31108 1. Entity Name NAVY WOMEN FOUNDATION, INC.	
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Principal Place of Business C/O BERENICE K. GEORGE 2062 LOS LOMAS DRIVE CLEARWATER, FL 33763 US	Mailing Address C/O BERENICE K. GEORGE 2062 LOS LOMAS DRIVE CLEARWATER, FL 33763 US
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01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2998324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEORGE, BERENICE K.
2062 LOS LOMAS DRIVE
CLEARWATER, FL 33763

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, ANNE 301 JOLIET RD MARQUETTE HEIGHTS, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEORGE, BERENICE K. 2062 LOS LOMAS DRIVE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOMICK, RUBY 6510 SENEGAL PALM WAY APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINDS, MARY M 4369 BLUEWATER AVE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDD, DOROTHY RT. 1, BOX 64 B TOOMSBORO, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000178866
01/12/05-80046-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Berenice K. George TD **1/10/05** **727-447-0865**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #