

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90084 004 ****61.25

DOCUMENT # N47444

1. Entity Name

WOMAN'S RELIEF ASSOCIATION, INC.



Principal Place of Business

BALBRIDGE N #101
10240 COLLINS AVE
BAL HARBOUR FL 33154
US

Mailing Address

BALBRIDGE N #101
10240 COLLINS AVE
BAL HARBOUR FL 33154
US

2. Principal Place of Business

Surfhouse #401

Suite, Apt. #, etc.
8995 Collins Ave

City & State
Surfside Fla

Zip

33154

Country

USA

3. Mailing Address

Surfhouse #401

Suite, Apt. #, etc.
8995 Collins Ave

City & State
Surfside Fla

Zip

33154

Country

USA



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-0653313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAROL ADAMS
BALBRIDGE N #101
10240 COLLINS AVE
BAL HARBOUR FL 33154

Surfhouse 401
8995 Collins Ave
Surfside, Fla
33154

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD ☐ Delete
NAME JAQUYLIN M NOELL
STREET ADDRESS 1205 NE 95TH ST
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE DP ☐ Delete
NAME NORMA JEAN MERCER
STREET ADDRESS 990 NE 97TH ST
CITY-ST-ZIP MIAMI FL 33138

TITLE 2VP ☐ Delete
NAME BABCOCK, MADELINE
STREET ADDRESS 301 NE 93 STREET
CITY-ST-ZIP MIAMI FL 33138

TITLE RS ☐ Delete
NAME CONNIE BISCHOFF
STREET ADDRESS 9879 NE 13 AVE
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE CS ☐ Delete
NAME ASTOR, ANN T
STREET ADDRESS 2000 TOROCALE TERRACE # 1402
CITY-ST-ZIP MIAMI FL 33138

TITLE TD ☐ Delete
NAME CAROL ADAMS
STREET ADDRESS BAL BRIDGE N #101
CITY-ST-ZIP BAL HARBOUR FL 33154

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Carol Adams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-2005

305.864.7560

Date

Daytime Phone #