

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006025

FILED
Jan 20, 2006
Secretary of State

Entity Name: FEMALE VOICES EARLY INTERVENTIONS AND ENCHANCEMENT PROGRAMS, INC.

Current Principal Place of Business:

P.O. BOX 6534
TALLAHASSEE, FL 32314 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6534
TALLAHASSEE, FL 32314 US

New Mailing Address:

FEI Number: 59-3538378 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCKINNIE, LORRAINE
FEMALE VOICES EARLY INTERVENTIONS
2202 LAKE BRADFORD ROAD
TALLAHASSEE, FL 32307 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: MCKINNIE, LORRAINE
Address: P.O.BOX 6534
City-St-Zip: TALLAHASSEE, FL 32314

Title: P () Delete
Name: VAUGHN, KARYN
Address: 8472 SOUTHERN PARK DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

Title: VPT () Delete
Name: PORTER, MARY
Address: 8492 SOUTHERN PARK DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

Title: VP () Delete
Name: SANFORD, LESSIE
Address: 1401 CALLEN STREET
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LORRAINE MCKINNIE

ED

01/20/2006

Electronic Signature of Signing Officer or Director

Date