

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000036122

FILED  
Jun 11, 2009  
Secretary of State

Entity Name: WOMEN IN RECOVERY, INC.

**Current Principal Place of Business:**

123 S.W. 13TH AVENUE  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

123 S.W. 13TH AVENUE  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

FEI Number: 65-1018638      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MICHAELJ.MCGOEY CPA,INC.  
639 E OCEAN AVENUE  
BOYNTON BEACH, FL 33435      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: TERRANOVA, CARRIE  
Address: 123 S.W. 13TH AVENUE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D      ( ) Delete  
Name: DOWNARD, DONALD  
Address: 123 S.W. 13TH AVENUE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D      ( ) Delete  
Name: DUBY, DEBBIE  
Address: 123 SW 13TH AVENUE  
City-St-Zip: BOYNTON BEACH, FL 33435

**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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARRIE TERRANOVA

D

06/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date