


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90006 033 ****61.25

DOCUMENT # N02000000301	
1. Entity Name RESOURCES FOR WOMEN, INCORPORATED	

Principal Place of Business 911 BEVILLE RD., SUITE 5 S. DAYTONA, FL 32114	Mailing Address 911 BEVILLE RD., SUITE 5 S. DAYTONA, FL 32114
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44048768



2. Principal Place of Business	3. Mailing Address P.O. Box 10384
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07122004 Chg-NP CR2E037 (10/03)

City & State Daytona Bch, FL	City & State Daytona Bch, FL
Zip 32120	Country USA

4. FEI Number 75-2996613	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
SHUMAKER, JOYCE 911 BEVILLE RD., SUITE 5 S. DAYTONA, FL 32114	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 <u><i>Joyce Shumaker</i></u>	DATE <u>7/12/04</u>
(NOTE: Registered Agent signature required when registering)	

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHUMAKER, JOYCE 109 ASHBY COVE LANE NEW SMYRNA BCH, FL 32168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEAF, ELAINE 1503 WILLOW OAK DR. EDGEWATER, FL 32132 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEISS, WENDY 206 SANDY LANE NEW SMYRNA BCH, FL 32168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Schuh, David 2736 Autumn leaves Dr. Pt. Orange, FL 32128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Molpus, J.K. 156 Ormond Oaks Circle Daytona Bch, FL 32114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Butler, David 1118 John Anderson Dr. Ormond Bch, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barr, Cynthia 206 Bay Pines Ct. Ormond Bch, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deweese, Patricia 8787 Carrick Dr. Ormond Bch, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Grimer, Bill P.O. Box 9006 Ormond Bch, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: <u><i>Joyce Shumaker</i></u>	DATE: <u>7/12/04</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # <u>386-760-2113</u>

Cell attachment

D

Tellier, Diane

3225 B Ridgewood Ave

5 Daytona FL 32119

Doct
No 200 0000501
44048768