

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90110 001 ****61.25

DOCUMENT # N02000000301

1. Entity Name
RESOURCES FOR WOMEN, INCORPORATED



Principal Place of Business
**1801 S. NOVA RD.
SUITE 104
S. DAYTONA, FL 32119**

Mailing Address
**1801 S. NOVA RD.
SUITE 104
SOUTH DAYTONA, FL 32119**

00010000



2. Principal Place of Business

3. Mailing Address

03232006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
75-2996613

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHUMAKER, JOYCE EX. DIR
1801 S. NOVA RD.
SUITE 104
S. DAYTONA, FL 32119**

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

Joyce Shumaker

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

(NOTE: Registered Agent signature required when reinstating)

4/10/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SHUMAKER, JOYCE
109 ASHBY COVE LANE
NEW SMYRNA BCH, FL 32168 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Diane Tellier ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SCHUH, DAVID
2736 AUTUMN LEAVES DR
PORT ORANGE, FL 32128 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Melissa Heiland
Melissa Heiland
541 Glen Club Dr.
DeBary, FL 32713 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WEISS, WENDY
4115 BRIDGET LANE
NEW SMYRNA BCH, FL 32168 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Chet Sparzak
1009 Norwood Dr.
Deltona, FL 32725 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BUTLER, DAVID
1618 JOHN ANDERSON ROAD
ORMOND BEACH, FL 32174 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Fred Weigand
2670 Doyle Rd
Deltona, FL 32732 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOLPUS, J K
156 GRAND OAKS CIRCLE
DAYTONA BEACH, FL 32114 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Allison Brilla
508 Blossom Wood Dr.
DeBary, FL 32713 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEWEES, PATRICIA
3787 CARRICK DR.
ORMOND BEACH, FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Joyce Shumaker - Joyce Shumaker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

DATE

386-760-2113

DAYTIME PHONE #