# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 29, 2007**
**Secretary of State**

DOCUMENT# N99000004620

**Entity Name:** FLORIDA RESOURCE CENTER FOR WOMEN AND CHILDREN, INC.

**Current Principal Place of Business:**

1923 BROADWAY
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

1923 BROADWAY
RIVIERA BEACH, FL 33404

**New Mailing Address:**

**FEI Number: 65-0942198** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

DAWKINS, SHANDRA
4898 B ORLEANS CT
WEST PALM BEACH, FL 33415 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: | PD | ( ) Delete |
| Name: | HOLIDAY, JUDY | |
| Address: | 17270 89TH PLACE N | |
| City-St-Zip: | LOXAHATCHEE, FL 33470 | |
| Title: | VPD | ( ) Delete |
| Name: | WARE, CYNTHIA | |
| Address: | 439-25TH STREET | |
| City-St-Zip: | WEST PALM BEACH, FL 33407 | |
| Title: | SD | ( ) Delete |
| Name: | THOMAS, PENNY | |
| Address: | 1524 W 25TH STREET | |
| City-St-Zip: | WEST PALM BEACH, FL 33404 | |
| Title: | TD | ( ) Delete |
| Name: | POWELL, RODERICK | |
| Address: | 2036 ECHO LAKE DRIVE | |
| City-St-Zip: | WEST PALM BEACH, FL 33417 | |
| Title: | D | ( ) Delete |
| Name: | ABRAHAM, LEOPOLD | |
| Address: | 13732 LE HAVRE DR | |
| City-St-Zip: | PALM BEACH GARDENS, FL 33410 | |

**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: | |
| 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: JUDY HOLIDAY PD 01/29/2007

Electronic Signature of Signing Officer or Director — Date