## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000000301

FILED Apr 29, 2007 Secretary of State

Entity Name: RESOURCES FOR WOMEN, INCORPORATED

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
1801 S. No SUITE 104 S. DAYTO						
Current Mailing Address:			New Maili	New Mailing Address:		
1801 S. No SUITE 104 SOUTH D		32119				
FEI Number	: 75-2996613	FEI Number Applied For ( )	FEI Number Not App	icable ( ) Ce	ertificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and	Address of New	Registered Agent:	
1801 S. No SUITE 104 S. DAYTO	1 NA, FL 32119		ournose of changing i	ts registered office	e or registered agent, or both	
	e of Florida.	submits this statement for the p	dipose of changing i	is registered office	e or registered agent, or both,	
SIGNATU						
	Electro	nic Signature of Registered Age	ent		Date	
OFFICER	S AND DIREC	TORS:	ADDITION	S/CHANGES TO	OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	SHUMAKER, J 109 ASHBY CO		Title: Name: Address: City-St-Zip:	( ) Cha	ange()Addition	
Title: Name: Address: City-St-Zip:	VD ( SCHUH, DAVIE 2736 AUTUMN PORT ORANG	LEAVES DR	Title: Name: Address: City-St-Zip:	VD (X) Ch HEILAND, MELISSA 341 GLEN CLUB DI DEBARY, FL 3271	RIVE	
Title: Name: Address: City-St-Zip:	SD ( SPARZAK, CH 1009 NORWO DELTONA, FL	DD DR	Title: Name: Address: City-St-Zip:	SD (X) Ch BONILLA, ALLISON 508 BLOSSOOMW DEBARY, FL 3271	OOD DR.	
Title: Name: Address: City-St-Zip:	D ( WEILAND, FRI 2670 DAYLE F DELTONA, FL	D	Title: Name: Address: City-St-Zip:	D (X) Ch WEIGAND, FRED 2670 DOYLE RD. DELTONA, FL 327	ange()Addition 38	
Title: Name: Address: City-St-Zip:	D ( BONILLA, ALL 508 BLOSSON DEBARY, FL	1 WOOD DR	Title: Name: Address: City-St-Zip:	D (X) Ch GREEN, GARTH 125 N. GULL CIRCI S. DAYTONA, FL 3		
Title: Name: Address: City-St-Zip:	D ( DEWEES, PAT 3787 CARRICI ORMOND BEA	CDR.	Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition	

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

SIGNATURE: JOYCE SHUMAKER PD 04/29/2007