


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90019 036 \*\*\*\*61.25

<b>DOCUMENT # N47444</b> 1. Entity Name <b>WOMAN'S RELIEF ASSOCIATION, INC.</b>					
Principal Place of Business <b>384 NE 94TH STREET</b> <b>MIAMI SHORES, FL 33154 US</b>			Mailing Address <b>384 NE 94TH STREET</b> <b>MIAMI SHORES, FL 33154 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-0653313</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DAVIS, KAREN</b> <b>384 NE 94TH STREET</b> <b>MIAMI SHORES, FL 33138</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, KAREN		NAME		
STREET ADDRESS	384 NE 94 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES, FL 33138		CITY-ST-ZIP		
TITLE	CS <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, SHIRLEY		NAME		
STREET ADDRESS	440 GRAND UNIVERSE		STREET ADDRESS	440 GRAND CONCOURSE	
CITY-ST-ZIP	MIAMI SHORES, FL 33138		CITY-ST-ZIP		
TITLE	2VP <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BABCOCK, MADELINE		NAME		
STREET ADDRESS	301 NE 93 STREET		STREET ADDRESS	MIAMI SHORES, FL 33138	
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP		
TITLE	RS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNIE BISCHOFF		NAME		
STREET ADDRESS	9879 NE 13 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES, FL 33138		CITY-ST-ZIP		
TITLE	1V <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASTOR, ANN T		NAME		
STREET ADDRESS	2000 TOROCAILE TERRACE # 1402		STREET ADDRESS	4000 TOWERSIDE TER. PH-3	
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAROL ADAMS		NAME		
STREET ADDRESS	BAL BRIDGE N #101		STREET ADDRESS	8995 COLLINS AVE #401	
CITY-ST-ZIP	BAL HARBOUR, FL 33154		CITY-ST-ZIP	MIAMI BEACH, FL 33154	

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:** *Karen Davis* **KAREN DAVIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305-691-9090**