2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006570

FILED Mar 26, 2009 Secretary of State

Entity Name: WOMEN REACHING WOMEN, INC.,

ourrent i	rincipal Place	e of Business:	New Principal Place	of Business:	
	IBLING ACRES LE, FL 32796	S DRIVE			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	IBLING ACRES LE, FL 32796	S DRIVE			
FEI Number	: 26-2968519	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent	Name and Address of	of New Registered Agent:	
11404 SUI	ΈΒ OFFICE C NCREEK PLA(ΓERRACE, FL				
	e named entity e of Florida.	submits this statement for tl	ne purpose of changing its registere	d office or registered agent, or both	
SIGNATU					
	Electror	nic Signature of Registered	Agent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	LONG, DONNA 3806 RAMBLIN	IG ACRES DRIVE	Title: Name: Address:	() Change () Addition	
Oity Ot Zip.	TITUSVILLE, F	L 32796	City-St-Zip:		
Title: Name: Address: City-St-Zip:) Delete oL E AVENUE	City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	VP (HENRY, CARO 110 LAGRANG TITUSVILLE, F) Delete pL E AVENUE L 32780) Delete SERE POINT DRIVE	Title: Name: Address:	() Change () Addition () Change () Addition	
Title: Name: Address: Dity-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	VP (HENRY, CARO 110 LAGRANG TITUSVILLE, F S (ABRAMOVS, G 7455 TURDY F TITUSVILLE, F) Delete ol. E AVENUE L 32780) Delete SERE POINT DRIVE L 32780 C) Delete ANCES STREET	Title: Name: Address: City-St-Zip: Title: Name: Address:		
Title: Name: Address:	VP (HENRY, CARO 110 LAGRANG TITUSVILLE, F S (ABRAMOVS, G 7455 TURDY F TITUSVILLE, F D (X YOUMANS, FR 5075 CARTER COCOA, FL 32) Delete ol. E AVENUE L 32780) Delete SERE POINT DRIVE L 32780 C) Delete ANCES STREET 2927 C) Delete ELYN URT NW	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () 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: DONNA LONG P 03/26/2009