

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47444

FILED
Mar 30, 2009
Secretary of State

Entity Name: WOMAN'S RELIEF ASSOCIATION, INC.

Current Principal Place of Business:

384 NE 94TH STREET
MIAMI SHORES, FL 33154 US

New Principal Place of Business:

384 NE 94TH STREET
MIAMI SHORES, FL 33138 US

Current Mailing Address:

384 NE 94TH STREET
MIAMI SHORES, FL 33154 US

New Mailing Address:

384 NE 94TH STREET
MIAMI SHORES, FL 33138 US

FEI Number: 59-0653313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, KAREN
384 NE 94TH STREET
MIAMI SHORES, FL 33138 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: T () Delete
Name: DAVIS, KAREN
Address: 384 NE 94 ST
City-St-Zip: MIAMI SHORES, FL 33138

Title: CS () Delete
Name: SMITH, SHIRLEY
Address: 440 GRAND CONCOVESE
City-St-Zip: MIAMI, FL 33138

Title: 2VP () Delete
Name: BABCOCK, MADELINE
Address: 301 NE 93 STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: RS () Delete
Name: CONNIE BISCHOFF
Address: 9879 NE 13 AVE
City-St-Zip: MIAMI SHORES, FL 33138

Title: 1V () Delete
Name: ASTOR, ANN T
Address: 4000 TOWERSIDE TER PH-3
City-St-Zip: MIAMI, FL 33138

Title: P () Delete
Name: CAROL, ADAMS
Address: 8995 COLLINS AVE #401
City-St-Zip: MIAMI BEACH, FL 33154

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KAREN DAVIS

T

03/30/2009

Electronic Signature of Signing Officer or Director

Date