

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47444

Entity Name: WOMAN'S RELIEF ASSOCIATION, INC.**Current Principal Place of Business:**384 NE 94TH STREET
MIAMI SHORES, FL 33138**Current Mailing Address:**384 NE 94TH STREET
MIAMI SHORES, FL 33138 US**FEI Number:** 59-0653313**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS, KAREN
384 NE 94TH STREET
MIAMI SHORES, FL 33138 US*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**Officer/Director Detail :**

Title	T
Name	DAVIS, KAREN
Address	384 NE 94 ST
City-State-Zip:	MIAMI SHORES FL 33138

Title	VP
Name	ASTOR, ANN T
Address	4000 TOWERSIDE TER PH-3
City-State-Zip:	MIAMI FL 33138

Title	S
Name	CONNIE BISCHOFF
Address	4000 TOWERSIDE TER. #2203
City-State-Zip:	MIAMI FL 33138

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

I hereby 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 all other like empowered.

SIGNATURE: KAREN C. DAVIS**TREASURER****01/11/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date