# 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

TREASURER

above, or on an attachment with all other like empowered.

SIGNATURE: KAREN C DAVIS

Electronic Signature of Signing Officer/Director Detail

## Entity Name: WOMAN'S RELIEF ASSOCIATION, INC.

### Current Principal Place of Business:

384 NE 94TH STREET MIAMI SHORES, FL 33138

DOCUMENT# N47444

#### **Current Mailing Address:**

384 NE 94TH STREET MIAMI SHORES, FL 33138 US

#### FEI Number: 59-0653313

#### 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

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### Officer/Director Detail :

Title	т	Title	S
Name	DAVIS, KAREN	Name	CONNIE BISCHOFF
Address	384 NE 94 ST	Address	4000 TOWERSIDE TER. #2203
City-State-Zip:	MIAMI SHORES FL 33138	City-State-Zip:	MIAMI FL 33138
Title	VP	Title	Р
Name	ASTOR, ANN T	Name	' CAROL, ADAMS
Address	4000 TOWERSIDE TER		
	PH-3	Address	8995 COLLINS AVE #401
City-State-Zip:		City-State-Zip:	MIAMI BEACH FL 33154

FILED Jan 09, 2015 Secretary of State CC0904047203

Date

Certificate of Status Desired: No

01/09/2015 Date