

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 706509

1. Entity Name
**WOMEN'S RESIDENTIAL AND COUNSELING CENTER,
INC.**



Principal Place of Business

**107 HILLCREST AVE
ORLANDO, FL 32801**

Mailing Address

**P O BOX 5983
WINTER PARK, FL 32793-983 US**

DO NOT WRITE IN THIS SPACE



02122004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-0760229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOEPNER, CAROL
4319 MANDY COURT
WINTER PARK, FL 32792**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000115645
04/16/04-80033-002 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ERWIN, SHERRI
STREET ADDRESS	601 BRECHIN DR
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	VPD
NAME	WOODBERRY, MIDGE
STREET ADDRESS	30 INTERLAKEN RD.
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	TD
NAME	CRAMER, PHYLIS
STREET ADDRESS	2109 TUSCARORA TRAIL
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	TD
NAME	KELLOGG, STANLEY
STREET ADDRESS	1420 NOBLE ST
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Phylis Cramer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04
Date

407-347-4472
Daytime Phone #