

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 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**



03122005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

1100000286674  
04/04/05-60038-013 61.25

**DO NOT WRITE  
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)(f), 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 H Cramer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/05**  
Date

**407-647-4478**  
Daytime Phone #