


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 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	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent HOEPNER, CAROL 4319 MANDY COURT WINTER PARK, FL 32792		<h2>DO NOT WRITE IN THIS SPACE</h2>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Phylis H Cramer</u> <u>Phylis H Cramer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/20/06</u> <u>407-647-4478</u> <small>Date Daytime Phone #</small>



04132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-0760229	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/06/06-80116-012 61.25