

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706509

FILED
Apr 28, 2007
Secretary of State

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

Current Principal Place of Business:

107 HILLCREST AVE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

P O BOX 5983
WINTER PARK, FL 32793983 US

New Mailing Address:

FEI Number: 59-0760229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ERWIN, SHERRI
Address: 601 BRECHIN DR
City-St-Zip: WINTER PARK, FL 32792

Title: VPD () Delete
Name: WOODBERRY, MIDGE
Address: 30 INTERLAKEN RD.
City-St-Zip: ORLANDO, FL 32804

Title: TD () Delete
Name: CRAMER, PHYLIS
Address: 2109 TUSCARORA TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: TD () Delete
Name: KELLOGG, STANLEY
Address: 1420 NOBLE ST
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PHYLIS CRAMER

TD

04/28/2007

Electronic Signature of Signing Officer or Director

Date