

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706509

FILED  
Apr 26, 2009  
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:**

P O BOX 5983  
WINTER PARK, FL 32793 US

**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:**

KIRK, DIANE MRS.  
1615 PINE BLUFF AVENUE  
ORLANDO, FL 32806 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: DIANE KIRK

04/26/2009

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

**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:

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

04/26/2009

Electronic Signature of Signing Officer or Director

Date