

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 07, 2006**  
**Secretary of State**

DOCUMENT# 718106

**Entity Name:** WOMAN'S EXCHANGE OF ST. AUGUSTINE, INC.**Current Principal Place of Business:**143 ST. GEORGE STREET  
ST. AUGUSTINE, FL 320843642**New Principal Place of Business:****Current Mailing Address:**143 ST. GEORGE STREET  
ST. AUGUSTINE, FL 320843642**New Mailing Address:****FEI Number:** 59-0638510**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MATUZA, LINDA  
247 MARSHSIDE DR  
SAINT AUGUSTINE, FL 32080 US**Name and Address of New Registered Agent:**FABEL, LINDA  
225 FIDDLERS POINT DR.  
SAINT AUGUSTINE, FL 32080 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: LINDA FABEL

12/07/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: DEPALMA, CAROLYN  
Address: 196 AZALEA AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T ( ) Delete  
Name: FABEL, LINDA  
Address: 225 FIDDLERS PT. DR  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: WATSON, NILA  
Address: 240 SAN NICOLAS WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP ( ) Delete  
Name: BRINKHOFF, MARIANNE B  
Address: 208 ALERTO STREET  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: PD ( ) Delete  
Name: MTUZA, LINDA S  
Address: 247 MARSHSIDE DR  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: WEEKS, JUANNE  
Address: 91 ST AUGUSTINE BLVD.  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: PD (X) Change ( ) Addition  
Name: FABEL, LINDA  
Address: 225 FIDDLERS PT. DR  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: TD (X) Change ( ) Addition  
Name: KAMM, TERRI  
Address: 7 CONTERA DR  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP (X) Change ( ) Addition  
Name: KEYSER, SHIRLEY  
Address: 431 MARSH POINT CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VD (X) Change ( ) Addition  
Name: DAVIS, DORIS  
Address: 31 ORANGE AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D ( ) Change (X) Addition  
Name: RIGGLE, JUDY  
Address: 67 DOLPHIN DR  
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA FABEL

PD

12/07/2006

Electronic Signature of Signing Officer or Director

Date