

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90038 007 \*\*\*\*61.25

<b>DOCUMENT # F02000006438</b>					
<b>1. Entity Name</b> NATIONAL SPEAKING OF WOMEN'S HEALTH FOUNDATION INC.					
<b>Principal Place of Business</b> 625 EDEN PARK DR. STE. 200 CINCINNATI, OH 45202			<b>Mailing Address</b> 625 EDEN PARK DR. STE. 200 CINCINNATI, OH 45202		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		City & State	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
<b>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.</b>				<b>4. FEI Number</b> 31-1576900	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PTR <b>NAME</b> DUNKELMAN, DIANNE <b>STREET ADDRESS</b> 1223 CENTRAL PARKWAY <b>CITY-ST-ZIP</b> CINCINNATI, OH 45214	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> KUPRIONIS, DENISE <b>STREET ADDRESS</b> 312 WALNUT STREET <b>CITY-ST-ZIP</b> CINCINNATI, OH 45202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TR <b>NAME</b> SMITSON, PATRICIA <b>STREET ADDRESS</b> 310 WALNUT STREET #1400 <b>CITY-ST-ZIP</b> CINCINNATI, OH 45202	<input type="checkbox"/> Delete		<b>TITLE</b> TR <b>NAME</b> PHOEBE PARDO <b>STREET ADDRESS</b> 7460 FAIR OAKS DRIVE <b>CITY-ST-ZIP</b> CINCINNATI OH 45237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PTR <b>NAME</b> DUNKELMAN, DIANNE <b>STREET ADDRESS</b> 625 EDEN PARK DRIVE, SUITE 200 <b>CITY-ST-ZIP</b> CINCINNATI, OH 45202	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> WEST, DIANE <b>STREET ADDRESS</b> 8280 MONTGOMERY RD., STE. 305 <b>CITY-ST-ZIP</b> CINCINNATI, OH 45236	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TR <b>NAME</b> MALKOSKI, KRISTINE <b>STREET ADDRESS</b> 624 W COVE CREEK CT. <b>CITY-ST-ZIP</b> HINSDALE, IL 60521	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TR <b>NAME</b> ERICKSON, RICHARD <b>STREET ADDRESS</b> 2500 PNC CENTER, 201 E 5TH ST. <b>CITY-ST-ZIP</b> CINCINNATI, OH 45204182	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			DIANNE DUNKELMAN PRESIDENT & CEO 1/4/06 513-419-5444		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		