


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90255 008 ****61.25

DOCUMENT # F02000006438 1. Entity Name NATIONAL SPEAKING OF WOMEN'S HEALTH FOUNDATION INC.					
Principal Place of Business 625 EDEN PARK DR. STE. 200 CINCINNATI, OH 45202			Mailing Address 625 EDEN PARK DR. STE. 200 CINCINNATI, OH 45202		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 31-1576900 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01042007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUPRIONIS, DENISE 312 WALNUT STREET CINCINNATI, OH 45202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR KUPRIONIS, DENISE 312 WALNUT STREET CINCINNATI OH 45202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SMITSON, PATRICIA 310 WALNUT STREET #1400 CINCINNATI, OH 45202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PARDO, PHOEBE 7400 FAIR OAKS DRIVE CINCINNATI OH 45237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR DUNKELMAN, DIANNE 625 EDEN PARK DRIVE, SUITE 200 CINCINNATI, OH 45202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTR DUNKELMAN, DIANNE 625 EDEN PARK DRIVE, SUITE 200 CINCINNATI OH 45202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEST, DIANE 8280 MONTGOMERY RD., STE. 305 CINCINNATI, OH 45236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR WEST, DIANE 8280 MONTGOMERY ROAD, SUITE 305 CINCINNATI OH 45236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MALKOSKI, KRISTINE 624 W COVE CREEK CT. HINSDALE, IL 60521	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MALKOSKI, KRISTINE 10 SOUTH WACKER DRIVE, SUITE 3450 CHICAGO IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ERICKSON, RICHARD 2500 PNC CENTER, 201 E 5TH ST. CINCINNATI, OH 452024182	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALM, DAVID 625 EDEN PARK DRIVE, SUITE 200 CINCINNATI OH 45202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DIANNE DUNKELMAN CEO 1-4-2007 513-4196544 <small>Date Daytime Phone #</small>		