## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000000420

FILED Jan 31, 2005 Secretary of State

Entity Name: MARY'S OUTREACH FOR WOMEN, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	TRAL AVE. RSBURG, FL 3371	3			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	TRAL AVE. RSBURG, FL 3371	3			
El Number	: 59-3613503 FE	Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of Curre	nt Registered Agent:	Name and Address	s of New Registered Agent:	
ST. PETE	D STREET NORTH RSBURG, FL 3370 anamed entity subm		ourpose of changing its registe	red office or registered agent, or both,	
	e of Florida.				
SIGNATU	RE:				
	Electronic Ci	anoture of Degistered Ag	ont .	Doto	
		gnature of Registered Ag		Date	
OFFICER	Electronic Si S AND DIRECTOR			Date  GES TO OFFICERS AND DIRECTORS	
itle: lame: lddress:		S: e NORTH			
Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress:	S AND DIRECTOR  D ( ) Delete MASON, LINDA 6170 62ND STREET	S:  NORTH L 33709	ADDITIONS/CHAN Title: Name: Address:	GES TO OFFICERS AND DIRECTORS	
DFFICER  Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip:	D () Deleted MASON, LINDA 6170 62ND STREET ST. PETERSBURG, F D () Deleted CLARK, ELAINE 790 39TH AVE. NOR	S:  DORTH  L 33709  E  TH  L 33703  DE  NE  VD S.	ADDITIONS/CHAN  Title: Name: Address: City-St-Zip:  Title: Name: Address:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition	
Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress:	D () Deleted MASON, LINDA 6170 62ND STREET ST. PETERSBURG, FOR CLARK, ELAINE 790 39TH AVE. NOR ST. PETERSBURG, FOR CLARK, ELAINE 190 39TH AVE. NOR ST. PETERSBURG, FOR COMMAKOWSKI, IREI 5821 GULFPORT BL	S:  NORTH  L 33709  E  TH  L 33703  E  NE  VD S.  D7  E  H #102	ADDITIONS/CHAN  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 MASON DIR. 01/31/2005