

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000420

FILED
Jan 29, 2007
Secretary of State

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

Current Principal Place of Business:

4101 CENTRAL AVE.
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

4101 CENTRAL AVE.
ST. PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 59-3613503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, LINDA
6170 62ND STREET NORTH
ST. PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MASON, LINDA
Address: 6170 62ND STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

Title: D () Delete
Name: CLARK, ELAINE
Address: 790 39TH AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33703

Title: V () Delete
Name: NOWAKOWSKI, IRENE
Address: 5821 GULFPORT BLVD S.
City-St-Zip: GULFPORT, FL 33707

Title: D () Delete
Name: BROADFIELD, SYLVIA
Address: 2600 E VINA DEL MAR
City-St-Zip: ST. PETE BEACH, FL 33706

Title: D () Delete
Name: LESFORIS, FEDELIS
Address: 8129 PERTH DRIVE
City-St-Zip: LARGO, FL 34643

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:

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 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 MASON

D

01/29/2007

Electronic Signature of Signing Officer or Director

Date