

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001230

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** WOMEN ARE WONDERFUL FOUNDATION, INC.

**Current Principal Place of Business:**

6585 KENINGTON LN  
APT 406  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

6585 KENINGTON LN  
APT 406  
DELRAY BEACH, FL 33446

**New Mailing Address:**

**FEI Number:** 65-1000780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUBEN, ANN M  
6585 KENSINGTON LN APT 406  
DELRAY BEACH, FL 33446 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: PD ( ) Delete  
Name: RUBEN, ANN MOLIVER PH.D.  
Address: 6585 KENSINGTON LANE-APT 406  
City-St-Zip: DELRAY BEACH, FL 33446

Title: D ( ) Delete  
Name: RUBEN, ANN/ DAVID  
Address: 3980 NIGHTHAWK DR  
City-St-Zip: WESTON, FL 33331

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

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 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: ANN M. RUBEN

PRES

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date