2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006
Secretary of State

DOCUMENT# N00000004878

Entity Name: WOMEN IN TRANSITION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

559 NORTHWEST 58TH STREET
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

559 NORTHWEST 58TH STREET
MIAMI, FL 33127

New Mailing Address:

P.O. BOX 371271
MIAMI, FL 33137

FEI Number: 65-1087625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OWENS, DIANE E
559 NORTHWEST 58TH STREET
MIAMI, FL 33127 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: OFC ( ) Delete
Name: FIELDS, CLAYTOSHA S DIR
Address: P.O. BOX 371271
City-St-Zip: MIAMI, FL 33137 US

Title: OFC ( ) Delete
Name: MIKELL, SANDRA L OFC
Address: 2320 N.W. 208 STREET
City-St-Zip: MIAMI, FL 33056 US

Title: SEC ( ) Delete
Name: WILLIAMS, VERONICA SEC
Address: 1369 N.W. 95 STREET
City-St-Zip: MIAMI, FL 33142

Title: PRES ( ) Delete
Name: OWENS, DIANE E PRES.
Address: 559 N.W. 58 STREET
City-St-Zip: MIAMI, FL 33127 US

Title: OFC ( ) Delete
Name: WILLIAMS, KAREN OFC
Address: 6831 NW 13TH AVENUE
City-St-Zip: MIAMI, FL 33127 US

Title: TREA ( ) Delete
Name: SIMPKINS, CLAYONA T TREAS
Address: P.O. BOX 371271
City-St-Zip: MIAMI, FL 33137 US

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:

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: DIANE E. OWENS DIR 06/02/2006

Electronic Signature of Signing Officer or Director — Date