

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004878

FILED  
Jul 02, 2007  
Secretary of State

**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:**

P.O. BOX 371271  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 65-1087625      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

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

OWENS, DIANE E  
559 NORTHWEST 58TH STREET  
MIAMI, FL 33127 US

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 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

07/02/2007

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

\_\_\_\_\_  
Date