

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004878

FILED  
May 15, 2012  
Secretary of State

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

**Current Principal Place of Business:**

6600 N.W. 27TH AVENUE  
ANNEX, #A  
MIAMI, FL 33142

**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 ( )

**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: PRES  
Name: OWENS, DIANE E PRE  
Address: 559 N.W. 58 STREET  
City-St-Zip: MIAMI, FL 33127 US

Title: OFC  
Name: FIELDS, CLAYTOSHA S DIR  
Address: 559 N.W. 58 STREET  
City-St-Zip: MIAMI, FL US

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

Title: OFC  
Name: FRANKLIN, KAREN R OFC  
Address: 6831 N.W. 13TH AVENUE  
City-St-Zip: MIAMI, FL 33127

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

I hereby 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 all other like empowered.

SIGNATURE: DIANE E. OWENS

DIR

05/15/2012

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

\_\_\_\_\_  
Date