2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N01000000629 06 JUL 24 PM 2: 47 1. Entity Name SLUBLINARY OF STATE TALLAHASSEE, FLORIDA WOMEN HELPING WOMEN HELR 398 MOHAWK LANE BOCA RATON FL 33487 398 MOHAWK LANE **BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 37-6567502 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARCHER, ROSE L Street Address (P.O. Box Number is Not Acceptable) 398 MOHAWK LANE **BOCA RATON FL 33487** Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DPT TITLE THILE ☐ Change ☐ Addition ☐ Delete NAACU Petens ARCHER, ROSE L 12370 HWYALTAIA Unitm-3 NAME NAME 398 MOHAWK LANE PAIN BEACLGARDENS, 71. 33410 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33487 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE WANIO, C PAUL NAME NAME STREET ADDRESS 7301 W PALMETTO PARK RD STE 110-C STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CHY-ST-ZIP TITLE Delete 2 TITLE ☐ Addition SIAS, BETSY NAME MAME STREET ADDRESS 918 S.W. 113TH TERRACE STREET ADDRESS PEMBROKE PINES FL 33025 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE RAMAZIO, MERI STREET ADDRESS 120 EAST PALMETTO PARK ROAD STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TIME TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11

mpowered.

if changed, or on an attachment with an address, with all other like

SIGNATURE:

FILED

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