

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002175

FILED
Feb 20, 2005
Secretary of State

Entity Name: WOMEN AT REST INC.

Current Principal Place of Business:

12867 - 164TH COURT NORTH
JUPITER, FL 33478

New Principal Place of Business:

Current Mailing Address:

12867 - 164TH COURT NORTH
JUPITER, FL 33478

New Mailing Address:

FEI Number: 65-1092255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLMAN, SANDY
12867 - 164TH COURT NORTH
JUPITER, FL 33478 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: WELLMAN, SANDY
Address: 12867 - 164TH COURT NORTH
City-St-Zip: JUPITER, FL 33478

Title: D () Delete
Name: SCHIESS, JULIE
Address: 9173 REED DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD () Delete
Name: AARON, LISA
Address: 10875 159TH COURT N.
City-St-Zip: JUPITER, FL 33478

Title: D () Delete
Name: HENNINGER, BETTY
Address: 266 VILLAGE BLVD. #6111
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: DAVIDSON, COLLEEN
Address: 2415 KALCH CT
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: FOUKE, KIM
Address: 333 KINGFISHER DR.
City-St-Zip: JUPITER, FL 33458 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: AARON, LISA
Address: 915 CHIPPEWA STREET
City-St-Zip: JUPITER, FL 33458

Title: D (X) Change () Addition
Name: HENINGER, BETTY
Address: 941 SW MCCALL ROAD
City-St-Zip: PORT ST. LUCIE, FL 34953

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 Section 119.07(3)(i), 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: SANDY WELLMAN

PD

02/20/2005

Electronic Signature of Signing Officer or Director

Date