

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002175

FILED  
Apr 02, 2009  
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: B ( ) Delete  
Name: SCHIESS, JULIE  
Address: 9173 REED DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: BS ( ) Delete  
Name: AARON, LISA  
Address: 915 CHIPPEWA STREET  
City-St-Zip: JUPITER, FL 33458

Title: B ( ) Delete  
Name: HENINGER, BETTY  
Address: 941 SW MCCALL ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: B ( ) Delete  
Name: ANDERSON, RAQUEL  
Address: 107 BELLA FONTAINE LANE  
City-St-Zip: JUPITER, FL 33458

Title: B (X) 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: ( ) 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: SANDY WELLMAN

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date