2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004
Secretary of State

DOCUMENT# N01000003300

Entity Name: WOMEN WITH A PURPOSE, INC.

Current Principal Place of Business:

8732 SW 145 ST.
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

8732 SW 145 ST.
MIAMI, FL 33176

New Mailing Address:

FEI Number: 02-0545392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, SHUNDA T
8732 S W 145TH STREET
MIAMI, FL 33176 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: BROWN, SHUNDA T
Address: 8732 S W 145TH STREET
City-St-Zip: MIAMI, FL 33176

Title: VP ( ) Delete
Name: DARLING, KELVINA
Address: 168803 SW 107TH PL
City-St-Zip: MIAMI, FL 33176

Title: SD ( ) Delete
Name: SMITH, MARJORIE
Address: 10021 MARTINIQUE DR
City-St-Zip: MIAMI, FL 33189

Title: D ( ) Delete
Name: FIELDS, SYLVIA
Address: 16235 SW 107 COURT
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete
Name: SMITH, LOUISE
Address: 15211 NW 33 COURT
City-St-Zip: MIAMI, FL 33199

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:

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: SHUNDA T.BROWN P/D 09/08/2004
Electronic Signature of Signing Officer or Director — Date