


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

06-14-2004 90005 013 \*\*\*\*70.00

<b>DOCUMENT # N01000006690</b>	
1. Entity Name <b>WOMEN FOR GENERATIONS, INC.</b>	

Principal Place of Business <b>2270 WILLIAMS ST N.E. PALM BAY, FL 32905</b>	Mailing Address <b>2270 WILLIAMS ST N.E. PALM BAY, FL 32905</b>
--	--

44040JJJ



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		P. O. Box 60293	
City & State		Palm Bay, FL	
Zip	Country	Zip	Country
		32906-293	

03222003 Chg-NP CR2E037 (10/03)

4. FEI Number <b>02-0615672</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HOLLOWAY, RUBY L 2270 WILLIAMS ST N.E. PALM BAY, FL 32905</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code <b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLOWAY, RUBY L 2270 WILLIAMS ST N.E. PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUCAS, SHARON E 475 PORT MALABAR BLVD N.E. PALM BAY, FL 329053711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Sharon E. Lucas 475 Port Malabar Blvd., N.E. Palm Bay, FL 32905-3711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLOWAY, JESSE L JR. 2770 WILLIAMS ST NE PALM BAY, FL 32905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Doris Caldwell 750 Redbug Street Melbourne, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONZALEZ, RICHARD 1113 TREERIDGE LANE NE PALM BAY, FL 32905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SMITH, SONYA 151 EVER ROAD # 102 MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jennifer Gilmore 644 Doral Lane Melbourne, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 if changed, or on an attachment with an address, with all other, like empowered.

**SIGNATURE:** *Ruby L Holloway* **5/28/04** **321 729-4371**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #