2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N01000006690

Entity Name: WOMEN FOR GENERATIONS, INC.

Current Principal Place of Business:

2270 WILLIAMS ST N.E.
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60293
PALM BAY, FL 32906293

New Mailing Address:

FEI Number: 02-0615672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLAWAY, RUBY L
2270 WILLIAMS ST N.E.
PALM BAY, FL 32905 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: HOLLAWAY, RUBY L
Address: 2270 WILLIAMS ST N.E.
City-St-Zip: PALM BAY, FL 32905

Title: ST ( ) Delete
Name: LUCAS, SHARON E
Address: 475 PORT MALABAR BLVD N.E.
City-St-Zip: PALM BAY, FL 329053711

Title: VP ( ) Delete
Name: CALDWELL, DORIS
Address: 750 REDBUG STREET
City-St-Zip: MELBOURNE, FL 32901

Title: C ( ) Delete
Name: GILMORE, JENNIFER
Address: 644 DORAL LANE
City-St-Zip: MELBOURNE, FL 32901

Title: MD ( ) Delete
Name: SMITH, SONYA
Address: 151 EVER ROAD # 102
City-St-Zip: MELBOURNE, FL 32901

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: RUBY HOLLAWAY PD 04/29/2005
Electronic Signature of Signing Officer or Director — Date