## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0100006690

City-St-Zip:

MELBOURNE, FL 32901

FILED Sep 04, 2006 Secretary of State

Entity Name: WOMEN FOR GENERATIONS, INC.			
Current Principal Place of Business:		New Principal Place of Business:	
2270 WILLI PALM BAY,	AMS ST N.E. FL 32905		
Current Mailing Address:		New Mailing Address:	
P.O. BOX 6 PALM BAY,	60293 FL 32906293		
FEI Number: 02-0615672 FEI Number Applied For ( ) FEI Number Not Applicable ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			e.
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:
HOLLAWA 2270 WILLI PALM BAY,	ÁMS ST N.E.		
The above in the State	named entity submits this statement for the purpose of Florida.	of changing i	ts registered office or registered agent, or both,
SIGNATUR	E:		
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete HOLLAWAY, RUBY L 2270 WILLIAMS ST N.E. PALM BAY, FL 32905	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition HOLLAWAY, RUBY L 2270 WILLIAMS ST N.E. PALM BAY, FL 32905
Title: Name: Address: City-St-Zip:	ST () Delete LUCAS, SHARON E 475 PORT MALABAR BLVD N.E. PALM BAY, FL 329053711	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VP ( ) Delete CALDWELL, DORIS 750 REDBUG STREET MELBOURNE, FL 32901	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	C () Delete GILMORE, JENNIFER 644 DORAL LANE MELBOURNE, FL 32901	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address:	MD ( ) Delete SMITH, SONYA 151 EVER ROAD # 102	Title: Name: Address:	MD (X) Change ( ) Addition BRANTLEY, ALTHEA 321 NW 148 ST

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

MIAMI, FL 33168

09/04/2006 SIGNATURE: RUBY L HOLLAWAY D