

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007398

FILED
Jan 16, 2009
Secretary of State

Entity Name: RURAL WOMEN'S HEALTH PROJECT, INC.

Current Principal Place of Business:

1108 SW 2ND AVE
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

1108 SW 2ND AVE
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 59-3429511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWY, ROBIN DPS
1119 NW 25TH TERR
GAINESVILLE, FL 32605 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: DPS () Delete
Name: LEWY, ROBIN
Address: 1119 NW 25TH TERR
City-St-Zip: GAINESVILLE, FL 32605 US

Title: VDT () Delete
Name: RICARDO, FRANCINE
Address: 1026 NW 10TH AVE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: D () Delete
Name: MORAGA, DAVID A
Address: 1119 NW 25TH TERR
City-St-Zip: GAINESVILLE, FL 32605 US

Title: D () Delete
Name: RIST, SALLY
Address: P.O.BOX 1522
City-St-Zip: ALACHUA, FL 32615 US

Title: D () Delete
Name: ROBLES, LUCIA
Address: 100 GEM LAKE DR
City-St-Zip: CRESCENT CITY, FL 32112 US

Title: OFF () Delete
Name: TYSON, VICKI H
Address: P.O. BOX 705
City-St-Zip: HAWTHORNE, FL 32640 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: ROBIN LEWY

DPS

01/16/2009

Electronic Signature of Signing Officer or Director

Date