2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State
04-19-2006 90110 001 ****61.25

DOCUMENT # N02000000301

1. Entity Name
RESOURCES FOR WOMEN, INCORPORATED

Principal Place of Business	Mailing Address
1801 S. NOVA RD. SUITE 104 S. DAYTONA, FL 32119	1801 S. NOVA RD. SUITE 104 SOUTH DAYTONA, FL 32119

03232006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 75-2996613 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHUMAKER, JOYCE EX. DIR 1801 S. NOVA RD. SUITE 104 S. DAYTONA, FL 32119	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** Zip Code

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 Joyce Shumaker 4/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHUMAKER, JOYCE 109 ASHBY COVE LANE NEW SMYRNA BCH, FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Diane Tellier	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHUH, DAVID 2736 AUTUMN LEAVES DR PORT ORANGE, FL 32128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Melissa Heiland D Melissa Heiland #341 Glen Club Dr. DeBary, FL 32713	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WEISS, WENDY 4115 BRIDGET LANE NEW SMYRNA BCH, FL 32168	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Chet Sparzak 1009 Norwood Dr. Deltona, FL 32725	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BUTLER, DAVID 1618 JOHN ANDERSON ROAD ORMOND BEACH, FL 32174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fred Weigand 2670 Doyle Rd Deltona, FL 32738	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOLPUS, J K 156 GRAND OAKS CIRCLE DAYTONA BEACH, FL 32114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Allison Barilla 508 Blossom Wood Dr. DeBary, FL 32713	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEWEES, PATRICIA 3787 CARRICK DR. ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joyce Shumaker - Joyce Shumaker 4/10/06 336-760-2113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #