

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N02000000301

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** RESOURCES FOR WOMEN, INCORPORATED

**Current Principal Place of Business:**

1801 S. NOVA RD.  
SUITE 104  
S. DAYTONA, FL 32119

**New Principal Place of Business:**

1367 BEVILLE RD.  
DAYTONA BEACH, FL 32119

**Current Mailing Address:**

1801 S. NOVA RD.  
SUITE 104  
S. DAYTONA, FL 32119

**New Mailing Address:**

1367 BEVILLE RD.  
DAYTONA BEACH, FL 32119

**FEI Number:** 75-2996613

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SHUMAKER, JOYCE EX. DIR  
1801 S. NOVA RD.  
SUITE 104  
S. DAYTONA, FL 32119 US

**Name and Address of New Registered Agent:**

SHUMAKER, JOYCE EX. DIR  
1367 BEVILLE RD.  
DAYTONA BEACH, FL 32119 US

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: JOYCE SHUMAKER

06/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SHUMAKER, JOYCE  
Address: 109 ASHBY COVE LANE  
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: VD  
Name: BURNS, JIM DR.  
Address: 19 PINEVIEW LAKE CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD  
Name: DEWEES, PATRICIA  
Address: 3787 CARRICK AVENUE  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: JOYCE SHUMAKER

PRES

06/17/2010

Electronic Signature of Signing Officer or Director

Date