

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002700

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: WOMEN OF WELLINGTON, INC.

## Current Principal Place of Business:

208 WELLINGTON F  
W PALM BCH, FL 33417

## New Principal Place of Business:

307 WELLINGTON E  
W PALM BCH, FL 33417

## Current Mailing Address:

208 WELLINGTON F  
W PALM BCH, FL 33417

## New Mailing Address:

307 WELLINGTON E  
W PALM BCH, FL 33417

FEI Number: 04-3667991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOHNEN, BELLA  
208 WELLINGTON F  
W PALM BCH, FL 33417 US

## Name and Address of New Registered Agent:

SHOVELTON, CAROLL  
307 WELLINGTON E  
W PALM BCH, FL 33417 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: CAROLL SHOVELTON

01/28/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RYAN, JUDITH  
Address: 208 WELLINGTON F  
City-St-Zip: W PALM BCH, FL 33417

Title: VD ( ) Delete  
Name: VELCOFF, LENORE  
Address: 208 WELLINGTON F  
City-St-Zip: W PALM BCH, FL 33417

Title: SD ( ) Delete  
Name: SHOVELTON, CAROLL  
Address: 307 WELLINGTON D  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: TD ( ) Delete  
Name: SOHNEN, BELLA  
Address: 208 WELLINGTON F  
City-St-Zip: W PALM BCH, FL 33417

Title: VD ( ) Delete  
Name: MARX, MARJORIE  
Address: 306 WELLINGTON A  
City-St-Zip: WEST PALM BEACH, FL 33417

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: SHOVELTON, CAROLL  
Address: 307 WELLINGTON D  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: SC (X) Change ( ) Addition  
Name: KATZ, BARBARA  
Address: 114 WELLINGTON D  
City-St-Zip: W PALM BCH, FL 33417

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: CAAROLL SHOVELTON

TD

01/28/2009

Electronic Signature of Signing Officer or Director

Date