

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005902

FILED  
Jul 21, 2005  
Secretary of State

**Entity Name:** WOMEN IN NEED NETWORK, INCORPORATED

**Current Principal Place of Business:**

3101 SW 34TH AVE  
905-284  
OCALA, FL 34474

**New Principal Place of Business:**

850 NE 36TH TERRACE  
B  
OCALA, FL 34470

**Current Mailing Address:**

3101 SW 34TH AVE  
905-284  
OCALA, FL 34474

**New Mailing Address:**

850 NE 36TH TERRACE  
B  
OCALA, FL 34470

**FEI Number:** 50-0007839      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

PARIS, CATHERINE  
3101 SW 34TH AVE  
905-284  
OCALA, FL 34474 US

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

PARIS, CATHERINE  
850 NE 36TH TERRACE  
B  
OCALA, FL 34470 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:

07/21/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PARIS, CATHERINE  
Address: 3101 SW 34TH AVE  
City-St-Zip: OCALA, FL 34474 US

Title: D ( ) Delete  
Name: PARIS, PHYLLIS  
Address: 3975-77 SEDGWICK AVENUE  
City-St-Zip: BRONX, NY 10463 US

Title: D ( ) Delete  
Name: CUMBESS, ELIZABETH  
Address: 695 SE 150TH STREET  
City-St-Zip: SUMMERFIELD, FL 34491 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PARIS, CATHERINE  
Address: 850 NE 36TH TERRACE  
City-St-Zip: OCALA, FL 34470 US

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

Title: D (X) Change ( ) Addition  
Name: CARMONA, LORI  
Address: 850 NE 36TH TERRACE  
City-St-Zip: OCALA, FL 34470 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CATHERINE PARIS

D

07/21/2005

Electronic Signature of Signing Officer or Director

Date