

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006035

FILED
Apr 05, 2006
Secretary of State

Entity Name: WOMAN AT THE WELL INTERNATIONAL, INC.

Current Principal Place of Business:

1404 SW 2ND AVE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

PO BOX 553
OKEECHOBEE, FL 34973

New Mailing Address:

FEI Number: 02-0624933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MICHAEL G
208 NE 2ND ST
OKEECHOBEE, FL 34972 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: D () Delete
Name: BROWN, THERESA
Address: PO BOX 120
City-St-Zip: OKEECHOBEE, FL 34973

Title: ST () Delete
Name: CURRIER, MARY
Address: 152 FREEPORT KAY
City-St-Zip: VERO BEACH, FL 32966

Title: D () Delete
Name: KELLY, MONA
Address: ORU CPO BOX 710526, 7777 S. LEWIS AVE
City-St-Zip: TULSA, OK 74171

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: THERESA R. BROWN

P

04/05/2006

Electronic Signature of Signing Officer or Director

Date