2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007199

Feb 21, 2008 Secretary of State

FILED

Entity Name: WOMEN'S CENTER PROPERTIES, INC.

Current Principal Place of Business: New Principal Place of Business:

5644 COLCORD AVENUE JACKSONVILLE, FL 32211

Current Mailing Address: New Mailing Address:

5644 COLCORD AVENUE JACKSONVILLE, FL 32211

FEI Number: 11-3658601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WEBB, SHIRLEY K 5644 COLCORD AVENUE JACKSONVILLE, FL 32211 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:

- Clarkenia Ginnakun af Davistonad Anant

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: C (X) Change () Addition
Name: BUSHNELL, ELLEN Name: FOLEY, LINDA
Address: 5644 COLCORD AVENUE Address: 4631 EMPIRE AVENUE
City St 7 in: MACKSON/ULE EL 23214

City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: JACKSONVILLE, FL 32224

Title: VD () Delete Title: P (X) Change () Addition Name: SIMMONS, SHARON Name: BALLARD, ALMA

 Address:
 5644 COLCORD AVENUE
 Address:
 2108 WATERFOOT LANE

 City-St-Zip:
 JACKSONVILLE, FL 32211
 City-St-Zip:
 JACKSONVILLE, FL 32246

Title: PD () Delete Title: S/T (X) Change () Addition Name: WALLACE, SUSAN Name: MCKENZIE, KATHLEEN

 Name:
 WALLACE, SUSAN
 Name:
 MCKENZIE, KATHLEEN

 Address:
 5644 COLCORD AVENUE
 Address:
 2155 MILLS ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32211
 City-St-Zip:
 JACKSONVILLE, FL 32216

Title: D () Delete Title: () Change () Addition

 Name:
 WEBB, SHIRLEY
 Name:

 Address:
 5644 COLCORD AVENUE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32211
 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: SHIRLEY K. WEBB ED 02/21/2008