2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N02580

1. Entity Name
COUNSELLING & RESOURCE CENTER FOR WOMEN & FAMILIES, INC.

Principal Place of Business
2801 S.W. COLLEGE ROAD
SUITE 21
OCALA, FL 34474 US

Mailing Address
2801 S.W. COLLEGE ROAD
SUITE 21
OCALA, FL 34474 US

04112006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-2522150 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, CAROLYN H
300 SW 36TH PLACE
OCALA, FL 34474

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEST, CAROLYN H
STREET ADDRESS	300 SW 36TH PLACE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	CHD
NAME	URBAN, PAUL DR
STREET ADDRESS	3400 SW 4TH AVENUE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	WILSON, KARLA
STREET ADDRESS	1965 SE 73 LOOP
CITY-ST-ZIP	OCALA, FL 34480
TITLE	D
NAME	PANTAZIS, ELLEN
STREET ADDRESS	2240 SE 5TH STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	ALEXANDER, SELINA
STREET ADDRESS	6501 NW 67TH TERRACE
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80040-006 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn H West 4/12/06 352-861-8044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #