



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02580</b> 1. Entity Name <b>COUNSELLING &amp; RESOURCE CENTER FOR WOMEN &amp; FAMILIES, INC.</b>			
Principal Place of Business <b>2801 S.W. COLLEGE ROAD SUITE 21 OCALA, FL 34474 US</b>		Mailing Address <b>2801 S.W. COLLEGE ROAD SUITE 21 OCALA, FL 34474 US</b>	
			
		01042007 No Chg-NP      CR2E037 (4/06)	
4. FEI Number <b>59-2522150</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			
<b>WEST, CAROLYN H 300 SW 36TH PLACE OCALA, FL 34474</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, CAROLYN H 300 SW 36TH PLACE OCALA, FL 34474		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHD URBAN, PAUL DR 3400 SW 4TH AVENUE OCALA, FL 34474		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, KARLA 1965 SE 73 LOOP OCALA, FL 34480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANTAZIS, ELLEN 2240 SE 5TH STREET OCALA, FL 34471		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, SELINA 6501 NW 67TH TERRACE OCALA, FL 34482		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			
<b>SIGNATURE:</b> <i>Carolyn H West</i>		4/6/07      352-861-8044 <small>Date      Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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04/24/07-80053-007 70.00