

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 A
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**



02202008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2522150	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

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

U00000873636
04/10/08-80086-013 70.00

10. OFFICERS AND DIRECTORS

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	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08

Date Daytime Phone #