2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N02580

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2522150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEST, CAROLYN H
300 SW 36TH PLACE
OCALA, FL 34474 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:	WEST, CAROLYN H	
Address:	300 SW 36TH PLACE	
City-St-Zip:	OCALA, FL 34474	
Title:	CHD	( ) Delete
Name:	URBAN, PAUL DR	
Address:	3400 SW 4TH AVENUE	
City-St-Zip:	OCALA, FL 34474	
Title:	D	( ) Delete
Name:	WILSON, KARLA	
Address:	1965 SE 73 LOOP	
City-St-Zip:	OCALA, FL 34480	
Title:	D	( ) Delete
Name:	PANTAZIS, ELLEN	
Address:	2240 SE 5TH STREET	
City-St-Zip:	OCALA, FL 34471	
Title:	D	( ) Delete
Name:	ALEXANDER, SELINA	
Address:	6501 NW 67TH TERRACE	
City-St-Zip:	OCALA, FL 34482	

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:	
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 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: CAROLYN H WEST D 02/10/2009

Electronic Signature of Signing Officer or Director — Date