

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02580

FILED
Jan 27, 2010
Secretary of State

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
Name: WEST, CAROLYN H
Address: 300 SW 36TH PLACE
City-St-Zip: Ocala, FL 34474

Title: CHD
Name: URBAN, PAUL DR
Address: 3400 SW 4TH AVENUE
City-St-Zip: Ocala, FL 34474

Title: D
Name: WILSON, KARLA
Address: 1965 SE 73 LOOP
City-St-Zip: Ocala, FL 34480

Title: D
Name: PANTAZIS, ELLEN
Address: 2240 SE 5TH STREET
City-St-Zip: Ocala, FL 34471

Title: D
Name: ALEXANDER, SELINA
Address: 6501 NW 67TH TERRACE
City-St-Zip: Ocala, FL 34482

I hereby 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 all other like empowered.

SIGNATURE: CAROLYN H WEST

D

01/27/2010

Electronic Signature of Signing Officer or Director

Date