2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02947

Entity Name: WOMEN IN NEED, INC.

FILED Mar 15, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
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6900 WHE JACKSON	AT ROAD VILLE, FL 322	44 US					
Current Mailing Address:				New Mailing Address:			
P.O. BOX 4 JACKSON	440819 VILLE, FL 322	220014 US					
FEI Number: 59-2358825 FEI Number Applied For ()				Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	N	lame and	Address of N	New Registered Agen	t:
GIBSON, F 51 RIVER I ORANGE I		73 US					
The above in the State		ubmits this statement for the p	urpose of o	changing its	s registered o	office or registered age	nt, or both,
SIGNATUR							
	Electron	c Signature of Registered Age	ent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS	S/CHANGES	TO OFFICERS AND	DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () GIBSON, CARO 51 RIVER ROAL ORANGE PARK)	N A	itle: lame: .ddress: bity-St-Zip:	PD (X GIBSON, CARG 51 RIVER ROA ORANGE PARI	ND	
Title: Name: Address: City-St-Zip:	T () DEERING, MAN 2703 CEDAR CI ORANGE PARK	REST DRIVE	N A	itle: lame: .ddress: city-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D () NASRALLAH, TO 5020 ORTEGA F JACKSONVILLE	FOREST BLVD	N A	itle: lame: .ddress: city-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () GIBSON, CARO 51 RIVER ROAL ORANGE PARK)	N A	itle: lame: .ddress: :ity-St-Zip:	SD (X GIBSON, CARG 51 RIVER ROA ORANGE PARI	ND	
Title: Name: Address: City-St-Zip:	()	Delete	N A	itle: lame: .ddress: :ity-St-Zip:	D (BLACK, FRED 10 SYCAMORE PALM COAST,		
Title: Name: Address: City-St-Zip:	()	Delete	N A	itle: lame: .ddress: city-St-Zip:	D (GIBSON, ROG 51 RIVER ROA ORANGE PARI	ND	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROL LYNNE GIBSON PD 03/15/2005