

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001797

FILED  
Mar 07, 2007  
Secretary of State

Entity Name: WOMEN AND YOUTH CENTER, INC.

## Current Principal Place of Business:

34 NORTH 6TH ST  
HAINES CITY, FL 33844 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 4364  
HAINES CITY, FL 33845 US

## New Mailing Address:

FEI Number: 33-1052498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PIERCE, GLENDA L  
2300 SMITH RD  
HAINES CITY, FL 33844 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: ED ( ) Delete  
Name: PIERCE, GLENDA L  
Address: 2300 SMITH RD  
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete  
Name: HINKLE, WILLIAM  
Address: SEQUOYAH RIDGE  
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete  
Name: WOODHEAD, DIANNA  
Address: 136 BERMUDA COURT  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete  
Name: PARKER, DEBRA  
Address: 9624 MIDWAY RD  
City-St-Zip: HAINES CITY, FL 33844

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change ( ) Addition  
Name: PIERCE, GLENDA L  
Address: 2300 SMITH RD  
City-St-Zip: HAINES CITY, FL 33844 US

Title: D (X) Change ( ) Addition  
Name: HINKLE, WILLIAM  
Address: 2808 SEQUOYAH DR  
City-St-Zip: HAINES CITY, FL 33844 US

Title: D (X) Change ( ) Addition  
Name: WOODHEAD, DIANNA  
Address: 136 BERMUDA COURT  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: D (X) Change ( ) Addition  
Name: PARKER, DEBRA  
Address: 9624 MIDWAY RD  
City-St-Zip: HAINES CITY, FL 33844 US

Title: D ( ) Change (X) Addition  
Name: SIMS, JOY  
Address: 415 DYSON RD  
City-St-Zip: HAINES CITY, FL 33844 US

Title: D ( ) Change (X) Addition  
Name: WEST, LEATRICE  
Address: 1003 RONLIN ST  
City-St-Zip: HAINES CITY, FL 33844 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GLENDA LEANN PIERCE

ED

03/07/2007

Electronic Signature of Signing Officer or Director

Date