
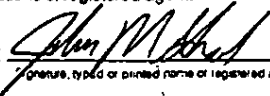
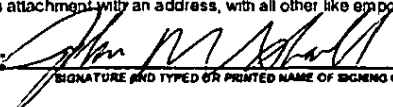


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 14, 2005 8:00 am
Secretary of State

08-26-2005 90001 012 ****61.25

DOCUMENT # N03000002259 1. Entry Name CHARITY FOR WOMEN INC.																																																																																		
Principal Place of Business 301 S. MISSOURI AVE CLEARWATER FL 33756			Mailing Address 301 S. MISSOURI AVE CLEARWATER FL 33756																																																																															
2. Principal Place of Business		3. Mailing Address																																																																																
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																
City & State		City & State																																																																																
Zip	Country	Zip	Country	4. FEI Number 13-4240988 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>																																																																														
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																														
6. Name and Address of Current Registered Agent YEGGE, MARK E 1249 S. MYRTLE AVENUE CLEARWATER FL 33756			7. Name and Address of New Registered Agent Name John Schaible Street Address (P.O. Box Number is Not Acceptable) 301 S. MISSOURI AVE Suite 250 City Clearwater FL Zip Code 33756																																																																															
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  (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																		
FILE NOW: FEE IS \$61.25 Due By September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																														
Make Check Payable to Florida Department of State																																																																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY- ST- ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>DVORAK, CHRISTINE</td> <td>1849 SUNRISE BLVD</td> <td>CLEARWATER FL 33760</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>COSTON, BOB</td> <td>301 S. MISSOURI AVE</td> <td>CLEARWATER FL 33756</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY- ST- ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete		DVORAK, CHRISTINE	1849 SUNRISE BLVD	CLEARWATER FL 33760	<input type="checkbox"/>		COSTON, BOB	301 S. MISSOURI AVE	CLEARWATER FL 33756	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>	TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Change	Addition					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  <div style="float: right; text-align: right;"> 09/12/05 <small>Date</small> </div>																																																																																		



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