2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N03000002259

Entity Name: CHARITY FOR WOMEN INC.

Current Principal Place of Business:

301 S. MISSOURI AVE
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

301 S. MISSOURI AVE
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 13-4240988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHAIBLE, JOHN
301 S. MISSOURI AVE
CLEARWATER, FL 33756 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: DVORAK, CHRISTINE
Address: 1849 SUNRISE BLVD
City-St-Zip: CLEARWATER, FL 33760

Title: D ( ) Delete
Name: COSTON, BOB
Address: 301 S. MISSOURI AVE
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete
Name: CAAMANO, DANIEL
Address: 301 S MISSOURI AVE
City-St-Zip: CLEARWATER, FL 33756

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SCHAIBLE, JOHN
Address: 301 S. MISSOURI AVE
City-St-Zip: CLEARWATER, FL 33756

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: SCHAIBLE, JOSEF
Address: 301 S. MISSOURI AVE
City-St-Zip: CLEARWATER, FL 33756

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: JOHN SCHAIBLE D 04/27/2009

Electronic Signature of Signing Officer or Director — Date