

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006383

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: WOMEN OF INTEGRITY INC

**Current Principal Place of Business:**

972 WEST HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

972 W HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 54-2104121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARSHALL, CAROLYN  
972 WEST HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009 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: V ( ) Delete  
Name: WOODEN, JEANNE  
Address: 5475 HWY 90 E  
City-St-Zip: MARIANNA, FL

Title: BD ( ) Delete  
Name: BLACK, NELLIE MAE  
Address: 2712 POPULAR SPRING RD.  
City-St-Zip: MARIANNA, FL 32446

Title: BD ( ) Delete  
Name: ROGERS, SOPHIA  
Address: 11050 SW 197 ST., APT. 208C  
City-St-Zip: MIAMI, FL 33157

Title: BD ( ) Delete  
Name: WILLIS, MILDRED  
Address: 10745 SW 274 ST.  
City-St-Zip: MIAMI, FL 33177

Title: P ( ) Delete  
Name: MARSHALL, CAROLYN  
Address: 3460 SW 143RD AVE.  
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: CAROLYN MARSHALL

PRES

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date