

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 21, 2004 8:00 am
Secretary of State

09-21-2004 90001 041 ***70.00

DOCUMENT # N03000006559 1. Entity Name WOMEN IN STITCHES, INC.					
Principal Place of Business 5729 WILEY STREET HOLLYWOOD, FL 33023			Mailing Address 5729 WILEY STREET HOLLYWOOD, FL 33023		
2. Principal Place of Business 500 NE 3rd Street Suite, Apt. #, etc. Unit 117 City & State Hallandale Bch, FL Zip 33009 Country Broward		3. Mailing Address 500 NE 3rd Street Suite, Apt. #, etc. Unit 117 City & State Hallandale Bch FL Zip 33009 Country Broward		24085859 	
4. FEI Number 20-0670763				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAWFORD, GERALDINE 5729 WILEY STREET HOLLYWOOD, FL 33023			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Geraldine Crawford</i></u> 9-17-2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, GERALDINE 5729 WILEY STREET HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Henry Graham 500 NE 3rd St Unit 117 Hallandale FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRAWFORD, CHARLIE 5729 WILEY STREET HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, BETTY 5729 WILEY STREET HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLOYD, MAMIE R 5729 WILEY STREET HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Geraldine Crawford</i></u> 9-17-2004 / 954-558-4499 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					