2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2005
Secretary of State

DOCUMENT# N03000006559

Entity Name: WOMEN IN STITCHES, INC.

Current Principal Place of Business:

500 N.E. 3RD STREET
UNIT 117
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

500 N.E. 3RD STREET
UNIT 117
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 20-0670763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CRAWFORD, GERALDINE
500 NORTHEAST 3RD STREET
UNIT 117
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:	PD	( ) Delete
Name:	CRAWFORD, GERALDINE	
Address:	500 NORTHEAST 3RD STREET, 117	
City-St-Zip:	HALLANDALE, FL 33009	
Title:	VPD	( ) Delete
Name:	CRAWFORD, CHARLIE	
Address:	500 NORTHEAST 3RD STREET, 117	
City-St-Zip:	HALLANDALE, FL 33009	
Title:	SD	( ) Delete
Name:	JONES, BETTY	
Address:	20502 NORTHWEST 33RD CT.	
City-St-Zip:	MIAMI, FL 33056	
Title:	TD	( ) Delete
Name:	FLOYD, MAMIE R	
Address:	8936 GLADE SPRING LANE, 203	
City-St-Zip:	CHARLOTTE, NC 28216	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GERALDINE CRAWFORD PD 07/30/2005

Electronic Signature of Signing Officer or Director — Date