

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006559

FILED  
Sep 15, 2006  
Secretary of State

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:

## Name and Address of New Registered Agent:

CRAWFORD, GERALDINE  
500 NORTHEAST 3RD STREET  
UNIT 117  
HALLANDALE, FL 33009 US

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: TD (X) Change ( ) Addition  
Name: FLOYD, MAMIE R  
Address: PO BOX 681717  
City-St-Zip: CHARLOTTE, NC 28216

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: GERALDINE CRAWFORD

PD

09/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date