

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006603

FILED
Apr 13, 2009
Secretary of State

Entity Name: WOMEN WITH A CALL INTERNATIONAL, INC.

Current Principal Place of Business:

7155 PEMBROKE ROAD
UNIT B 2ND FLOOR
MIRAMAR, FL 33023 US

New Principal Place of Business:

19821 NW 2ND AVENUE
SUITE 424
MIAMI, FL 33169 US

Current Mailing Address:

19821 N.W.2ND AVE.
#424
MIAMI,, FL 33169 US

New Mailing Address:

19821 NW 2ND AVENUE
SUITE 424
MIAMI, FL 33169 US

FEI Number: 90-0108688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAIRSTON, ELIZABETH A
7155 PEMBROKE ROAD
UNIT B 2ND FLOOR
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

HAIRSTON, ELIZABETH A
19821 NW 2ND AVENUE
SUITE 424
MIAMI, FL 33169 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:

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP/S () Delete
Name: RISPRESS, CEREDA
Address: 788 KIMBALL PLACE
City-St-Zip: COLUMBUS, OH 43205 US

Title: D () Delete
Name: PRESTON, RAMONE
Address: 441 BRANCH FOREST WAY
City-St-Zip: STOCKBRIDGE, GA 30281 FL

Title: TR/D () Delete
Name: BELL, JESSIE
Address: 3155 BLUE RIDGE ROAD
City-St-Zip: COLUMBUS, OH 43219 US

Title: PRES () Delete
Name: HAIRSTON, ELIZABETH A
Address: 7155 PEMBROKE ROAD UNIT B 2NDFLOOR
City-St-Zip: MIRAMAR, FL 33023 US

Title: D () Delete
Name: EVANS, CHARLOTTE E
Address: 5240 TAMARUS STREET-APARTMENT C
City-St-Zip: LAS VEGAS, NV 89119 US

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: PRES (X) Change () Addition
Name: HAIRSTON, ELIZABETH A
Address: 19821 NW 2ND AVENUE SUITE 424
City-St-Zip: MIAMI, FL 33169 US

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

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: ELIZABETH A. HAIRSTON

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date