


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N04000000171 1. Entity Name WOMEN'S ECONOMIC DEVELOPMENT CENTER, INC.	
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Principal Place of Business 2114 NW 40TH TERRACE SUITE A-1 GAINESVILLE, FL 32605	Mailing Address P.O. BOX 358523 GAINESVILLE, FL 32635-8523
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01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-0561042	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MUTCH, SAMUEL A
2114 NW 40TH TERRACE
SUITE A-1
GAINESVILLE, FL 32605

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, NANCY 2114 NW 40TH TERRACE SUITE A-1 GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILKES, JOANN 2114 NW 40TH TERRACE SUITE A-1 GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEAN, JANIE 2114 NW 40TH TERRACE SUITE A-1 GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000181583
01/18/05-80003-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Nancy A. Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy A. Griffin

1/12/05
Date

352-256-6426
Daytime Phone #