


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 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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DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/08)

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

6. Name and Address of Current Registered Agent MUTCH, SAMUEL A 2114 NW 40TH TERRACE SUITE A-1 GAINESVILLE, FL 32605
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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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/08-80014-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Griffin 1/9/08 352-256-6426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #