

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90327 029 \*\*\*\*61.25

<b>DOCUMENT # N04000000266</b> 1. Entity Name <b>WOMEN WITH WORDS, INC.</b>																																																					
Principal Place of Business <b>2310 JO HAYWOOD DRIVE FORT PIERCE, FL 34946</b>			Mailing Address <b>2310 JO HAYWOOD DRIVE FORT PIERCE, FL 34946</b>																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																		
City & State			City & State																																																		
Zip		Country		Zip																																																	
Country		Country		4. FEI Number 04012005 Chg-NP CR2E037 (10/03)																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																																																	
6. Name and Address of Current Registered Agent <b>JENKINS, DORINA L 2310 JO HAYWOOD DRIVE- FORT PIERCE, FL 34946</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE <i>Dorina L. Jenkins</i>  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: center;"> <b>4/15/05</b>  <small>DATE</small> </div> </div>																																																					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																	
<b>Make check payable to Florida Department of State</b>																																																					
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 5%;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>KNIGHT, SERENA B</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>601 HOWARD STREET</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>FORT PIERCE, FL 34982</b></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">V</td> <td style="width: 5%;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>JENKINS, DORINA L</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2310 JO HAYWOOD DRIVE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>FORT PIERCE, FL 34946</b></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">S</td> <td style="width: 5%;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>PHILPART, SONJIA</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1931 ROYAL PALM DR.</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>FORT PIERCE, FL 34950</b></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">T</td> <td style="width: 5%;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>WHEELER-ALLEN, DEBRA</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2313 JO HAYWOOD DRIVE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>FORT PIERCE, FL 34946</b></td> <td></td> </tr> </table> </div> </div>						TITLE	P	Delete	NAME	<b>KNIGHT, SERENA B</b>		STREET ADDRESS	<b>601 HOWARD STREET</b>		CITY-ST-ZIP	<b>FORT PIERCE, FL 34982</b>		TITLE	V	Delete	NAME	<b>JENKINS, DORINA L</b>		STREET ADDRESS	<b>2310 JO HAYWOOD DRIVE</b>		CITY-ST-ZIP	<b>FORT PIERCE, FL 34946</b>		TITLE	S	Delete	NAME	<b>PHILPART, SONJIA</b>		STREET ADDRESS	<b>1931 ROYAL PALM DR.</b>		CITY-ST-ZIP	<b>FORT PIERCE, FL 34950</b>		TITLE	T	Delete	NAME	<b>WHEELER-ALLEN, DEBRA</b>		STREET ADDRESS	<b>2313 JO HAYWOOD DRIVE</b>		CITY-ST-ZIP	<b>FORT PIERCE, FL 34946</b>	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.																																																					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE: <i>Dorina L. Jenkins</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> <b>4/15/05</b>  <small>Date</small> </div> <div style="width: 20%; text-align: center;"> <b>(772) 464-3691</b>  <small>Daytime Phone #</small> </div> </div>																																																					

**50037772**

