2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000000662

1. Entity Name
WEMOON SPIRIT WOMEN'S CENTER, INC.

Principal Place of Business	Mailing Address
1816 MAHAN DR TALLAHASSEE, FL 32303	1816 MAHAN DR TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

0318Z006 No Chg-NP   CR2E037 (11/05)

4. FEI Number	Applied For
27-0082013	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, ANNA LEE
847 PARK AVE
TALLAHASSEE, FL 32301

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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, 2006**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALVAREZ, ANNA LEE
STREET ADDRESS	847 PARK AVE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	MCMURRY, AGNES
STREET ADDRESS	9601-23 MICCOSUKEE RD
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	D
NAME	MCDOUGALL, ROBIN
STREET ADDRESS	9179 RAVENA RD
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/06-60094-011 61.25

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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: _____ ANNA LEE ALVAREZ 4/2/06 850 224 8485 x t.1 #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #