

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000000662

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



Principal Place of Business
1816 MAHAN DR
TALLAHASSEE, FL 32303

Mailing Address
1816 MAHAN DR
TALLAHASSEE, FL 32303

APPROVED
AND
FILED

07 APR 25 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]



04102007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
27-0082013

Applied For
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

**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 *Anna Lee Alvarez, Director*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/07

**Filing Fee is \$61.25
Due by May 1, 2007**

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 MCDUGALL, 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

200101350832
05/03/07--01016--006 **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, Director 4/13/07 8784033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #