

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000662

FILED  
Mar 25, 2009  
Secretary of State

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

## Current Principal Place of Business:

847 PARK AVE  
TALLAHASSEE, FL 32301 US

## New Principal Place of Business:

302 BROWN DONALDSON ROAD  
CRAWFORDVILLE, FL 32327 US

## Current Mailing Address:

847 PARK AVE  
TALLAHASSEE, FL 32301 US

## New Mailing Address:

302 BROWN DONALDSON ROAD  
CRAWFORDVILLE, FL 32327 US

FEI Number: 27-0082013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALVAREZ, ANNA LEE  
847 PARK AVE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

SPRAY, VICKIE  
302 BROWN DONALDSON ROAD  
CRAWFORDVILLE, FL 32327 US

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.

SIGNATURE: VICKIE SPRAY

03/25/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ALVAREZ, ANNA LEE  
Address: 847 PARK AVE  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D ( ) Delete  
Name: DAVID, JANIS  
Address: 121 OLD STILL ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: D ( ) Delete  
Name: MCDOUGALL, ROBIN  
Address: 9179 RAVENA RD  
City-St-Zip: TALLAHASSEE, FL 32309 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SPRAY, VICKIE  
Address: 302 BROWN DONALDSON ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: D (X) Change ( ) Addition  
Name: MCDOUGALL, ROBIN  
Address: 9179 RAVENA ROAD  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: D (X) Change ( ) Addition  
Name: WALLER, MARY  
Address: 302 BROWN DONALDSON ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN MCDOUGALL

D

03/25/2009

Electronic Signature of Signing Officer or Director

Date