

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001395

FILED
Aug 24, 2006
Secretary of State

Entity Name: NATIONAL SINGLE WOMEN'S RESOURCE CENTER, INC.

Current Principal Place of Business:

15 PARADISE PLAZA #234
SARASOTA, FL 34239

New Principal Place of Business:

783 BIRDSONG LANE
SARASOTA, FL 34242

Current Mailing Address:

15 PARADISE PLAZA #234
SARASOTA, FL 34239

New Mailing Address:

15 PARADISE PLAZA
#234
SARASOTA, FL 34239

FEI Number: 43-2041205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NORMAN, LOIS E
1221 CELEBRATION AVE
STE. 203
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

NORMAN, LOIS E
783 BIRDSONG LANE
SARASOTA, FL 34242 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: _____

08/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: NORMAN, LOIS
Address: 1221 CELEBRATION AVE.
City-St-Zip: CELEBRATION, FL 34747

Title: V () Delete
Name: ARB, MANDY F
Address: 2705 21ST AVE. W.
City-St-Zip: BRADENTON, FL 34205

Title: S (X) Delete
Name: COSKEY, PAMELA
Address: 515 MIRASOL CIRCLE, #206
City-St-Zip: CELEBRATION, FL 34747

Title: T (X) Delete
Name: VALEZQUEZ, SONJA
Address: 515 MIRASOL CIRCLE, #206
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change () Addition
Name: NORMAN, LOIS
Address: 783 BIRDSONG LANE
City-St-Zip: SARASOTA, FL 34242

Title: VP/T (X) Change () Addition
Name: ARB, MANDY F
Address: 2705 21ST AVE. W.
City-St-Zip: BRADENTON, FL 34205

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LOIS NORMAN

P/S

08/24/2006

Electronic Signature of Signing Officer or Director

Date