2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N04000002386

Entity Name: PAVILION OF HOPE FOR WOMEN, INC.

Current Principal Place of Business:

1233 OAK STREET
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

654 WHEELING AVE.
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

POST OFFICE BOX 160725
ALTAMONTE SPRINGS, FL 32716 US

New Mailing Address:

654 WHEELING AVE.
ALTAMONTE SPRINGS, FL 32714

FEI Number: 77-0629215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERGUSON, KATHY
654 WHEELING AVENUE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	FERGUSON, KATHY	
Address:	654 WHEELING AVENUE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	D	( ) Delete
Name:	FERGUSON, PATRICIA	
Address:	416 CEDARWOOD COURT	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	D	( ) Delete
Name:	CHAMBLIN, SHIRLEY	
Address:	2319 CONTINENTAL BLVD.	
City-St-Zip:	ORLANDO, FL 32808	
Title:	D	( ) Delete
Name:	BAILEY, TERRI	
Address:	264 COURTLAND BLVD.	
City-St-Zip:	DELTONA, FL 32738	
Title:	D	( ) Delete
Name:	BRYANT, TENA	
Address:	1238 MERRITT ST.	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:	D	(X) Delete
Name:	GARCIA, IVETTE	
Address:	2649 GALLIANO CIRCLE	
City-St-Zip:	WINTER PARK, FL 32792	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: KATHY FERGUSON D 04/28/2009
Electronic Signature of Signing Officer or Director — Date