## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004987

Entity Name: REGINA'S HOUSE FOR WOMEN, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1156 HOMEWARD LN ALTAMONTE SPRINGS, FL 32714						
Current Mailing Address:				New Mailing Address:		
701 W LAKE BRANTLEY ROAD ALTAMONTE SPRINGS, FL 32714						
FEI Number: 54-2151559 FEI Number Applied For ( ) FEI N		FEI Nun	umber Not Applicable ( ) Certificate of Status Desired (X)			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
701 W LAK ALTAMON		ROAD	urpose o	f changing it	s registered office or	registered agent, or both,
in the State of Florida.						
SIGNATURE:						
Electronic Signature of Registered Agent					Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	RANDALL, DEBC 701 W LAKE BR			Title: Name: Address: City-St-Zip:	()Change	( ) Addition
Title: Name: Address: City-St-Zip:	RANDALL, DONL 701 W LAKE BRA			Title: Name: Address: City-St-Zip:	DV (X) Change MARTIN, DON 2077 APOPKA BLVD APOPKA, FL 32703	e()Addition
Title: Name: Address: City-St-Zip:	DS ()[ YINGST, JESSIC 5438 EAGLESTC ORLANDO, FL 3	N AVE		Title: Name: Address: City-St-Zip:	DS (X) Change MILLER, DEE 406 SANDRINGHAM CT WINTER SPRINGS, FL	
Title: Name: Address: City-St-Zip:	D () [ CALDERON, CAR 3127 BLAIRE CII DELTONA, FL 3	RCLE		Title: Name: Address: City-St-Zip:	()Change	( ) Addition
Title: Name: Address: City-St-Zip:	T () [ SEELEY, CINDY 143 E.PINE AVE LONGWOOD, FL			Title: Name: Address: City-St-Zip:	D (X) Change SEELEY, CINDY 143 E.PINE AVE LONGWOOD, FL 3275	e()Addition
Title: Name: Address: City-St-Zip:	T ()[ WEST, KAREN 501 MAIN ST. WINDERMERE,	Delete FL 34786		Title: Name: Address: City-St-Zip:	T (X) Change RANDALL, DONLEY 701 W. LAKE BRANTLE ALTAMONTE SPRINGS	

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: DEBORAH RANDALL DP 04/30/2008