

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006998

FILED
Apr 20, 2007
Secretary of State

Entity Name: SHEROES WOMEN ASSOICATION NETWORK, INC.

Current Principal Place of Business:

225 CARAVAN TERRACE
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

225 CARAVAN TERRACE
SEBASTIAN, FL 32958

New Mailing Address:

FEI Number: 34-1993332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONE, LCSW, CATHERINE
225 CARAVAN TERRACE
SEBASTIAN, FL 32958 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: PRES () Delete
Name: SIMONE, LCSW, CATHERINE PRES.
Address: 225 CARAVAN TERRACE
City-St-Zip: SEBASTIAN, FL 32958 US

Title: DIR. () Delete
Name: MOREU, BRENDA DIR.
Address: 1523 30TH AVENUE
City-St-Zip: VERO BEACH, FL 32960 US

Title: DIR. () Delete
Name: RICHMOND, PAULINE DIR.
Address: 7050 NW 44TH STREET
City-St-Zip: LAUDERHILL, FL 33319 US

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:

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: CATHERINE SIMONE, LCSW

PRES

04/20/2007

Electronic Signature of Signing Officer or Director

Date