

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007788

FILED
Mar 23, 2009
Secretary of State

Entity Name: WOMEN ENTERING SOCIETY, INC.

Current Principal Place of Business:

2190 SHARP COURT #200
CASSELBERRY, FL 32730

New Principal Place of Business:

5083 OLD US ROAD
MARIANNA, FL 32446

Current Mailing Address:

PO BOX 608456
ORLANDO, FL 328608456

New Mailing Address:

PO BOX 173
MALONE, FL 32445

FEI Number: 20-1209155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNSEND, CELIA M
86 CASTLE BREWER CT
SANFORD, FL 32771 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: JOHNSON, ANGELA
Address: 8556 WHITE ROSE DR
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: BROOKS, SHIRLEY B
Address: 107 WYMORE ROAD
City-St-Zip: EATONVILLE, FL 32751

Title: D () Delete
Name: FLETCHER, KEM
Address: 801 W COMSTOCK AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: SMITH, JOYCE
Address: 500 BANYON TREE CIRCLE 104
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: FLUELLEN, DENNIS
Address: 742 W CONCORD STREET
City-St-Zip: ORLANDO, FL 32805

Title: P () Delete
Name: TOWNSEND, DAISY
Address: P. O. BOX 607513
City-St-Zip: ORLANDO, FL 32860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: TOWNSEND, VINNESSA
Address: 911 KIRK ST.
City-St-Zip: ORLANDO, FL 32808

Title: D (X) Change () Addition
Name: JOHNSON, LORENZO
Address: 5083 OLD US ROAD
City-St-Zip: MARIANNA, FL 32446

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

Title: P (X) Change () Addition
Name: TOWNSEND, DAISY
Address: P. O. BOX 173
City-St-Zip: MALONE, FL 32445

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: REV. DAISY TOWNSEND

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date