

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/ **FILED**
May 31, 2005 8:00 am
Secretary of State

05-04-2005 90150 009 ****61.25

DOCUMENT # N04000010359					
1. Entity Name WOMEN OF HEALTH OCCUPATIONS PROMOTING EDUCATION, INC.					
Principal Place of Business C/O GUNSTER, YOAKLEY & STEWART, P.A. 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131			Mailing Address C/O GUNSTER, YOAKLEY & STEWART, P.A. 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01122005 Chg-NP CR2E037 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BOULEVARD SUITE 3400 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON-WORTS, PAULA 11160 MINNEAPOLIS DRIVE COOPER CITY, FL 33026	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETTEWAY-TYLER, ANITA 19410 S.W. 17TH CT. MIRAMAR, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVEAUX, CORLETTE 3351 S.W. 137TH AVE. MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, MICHELLE 40 N.E. 211TH ST. MIAMI, FL 33179	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Paula Anderson-Worts</u> PAULA ANDERSON-WORTS					
Date <u>4/23/05</u> Daytime Phone # <u>954-262-1463</u>					

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