

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010359

FILED
Apr 27, 2009
Secretary of State

Entity Name: WOMEN OF HEALTH OCCUPATIONS PROMOTING EDUCATION, INC.

Current Principal Place of Business:

C/O GUNSTER, YOAKLEY & STEWART, P.A.
2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131

New Principal Place of Business:

2 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI, FL 33131

Current Mailing Address:

C/O GUNSTER, YOAKLEY & STEWART, P.A.
2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131

New Mailing Address:

2 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI, FL 33131

FEI Number: 20-1966743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GY CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BOULEVARD
SUITE 3400
MIAMI, FL 33131 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: ANDERSON-WORTS, PAULA
Address: 11160 MINNEAPOLIS DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: D () Delete
Name: PETTEWAY-TYLER, ANITA
Address: 19410 S.W. 17TH CT.
City-St-Zip: MIRAMAR, FL 33029

Title: D () Delete
Name: DEVEAUX, CORLETTE
Address: 825 HOPEWELL PLACE DRIVE
City-St-Zip: ALPHARETTA, GA 20004

Title: D () Delete
Name: POWELL, MICHELLE
Address: 1950 N.W. 172ND STREET
City-St-Zip: MIAMI GARDENS, FL 33015

Title: D () Delete
Name: PHILLPOTTS, LUZAN
Address: 2140 S.W. 102ND AVENUE
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: CLARKE, HEATHER
Address: 9609 N.W. 8TH CIRCLE
City-St-Zip: PLANTATION, FL 33324

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: PAULA ANDERSON-WORTS

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date