

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012134

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: WOMEN OF INTEGRITY NETWORKING INC.

**Current Principal Place of Business:**

3241 STONEBRIDGE TRAIL  
VALRICO, FL 33596

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 726  
VALRICO, FL 33595

**New Mailing Address:**

P O BOX 726  
VALRICO, FL 33596

FEI Number: 43-2074989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: P ( ) Delete  
Name: MCCALLA, CLARA  
Address: 3241 STONEBRIDGE TRAIL  
City-St-Zip: VALRICO, FL 33596

Title: V ( ) Delete  
Name: BALDE, ROSALIA  
Address: P.O. BOX 726  
City-St-Zip: VALRICO, FL 33595

Title: V ( ) Delete  
Name: JOSEPH, LAUREN  
Address: 5404 LANDING VIEW CT.  
City-St-Zip: ROSHARON,, TX 77583 21

Title: V ( ) Delete  
Name: CHAMPELLE, ALBERTA MIN.  
Address: P. O. BOX 726  
City-St-Zip: VALRICO, FL 33595

**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:

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: CLARA MCCALLA

PRES

04/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date