

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000005719

FILED
Nov 28, 2006
Secretary of State

Entity Name: WOMEN HOME OF RESCUE, INC.

Current Principal Place of Business:

5513 BRECKENRIDGE CIRCLE
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

5513 BRECKENRIDGE CIRCLE
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 32-0154322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANTOINE, PIERRE R
5513 BRECKENRIDGE CIRCLE
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

ICILDA, GRANT
5513 BRECKENRIDGE CIRCLE
ORLANDO, FL 32818 US

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: ICILDA GRANT

11/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANTOINE, PIERRE R
Address: 5513 BRECKENRIDGE CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: VT () Delete
Name: ANTOINE, DENISE
Address: 5513 BRECKENRIDGE CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: S (X) Delete
Name: GRANT, ICILDA
Address: 5508 BRECKENRIDGE CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: D (X) Delete
Name: CHALOTIN, LAZARE
Address: 420-F LAKE WOODS CIRCLE
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ICILDA, GRANT
Address: 5513 BRECKENRIDGE CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: S (X) Change () Addition
Name: CHALOTIN, LAZARRE
Address: 420-F LAKE WOODS CIRCLE
City-St-Zip: MARGATE, FL 33063

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: ICILDA GRANT

P

11/28/2006

Electronic Signature of Signing Officer or Director

Date