2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2010
Secretary of State

DOCUMENT# N05000006889

Entity Name: WOMEN'S RECOVERY CENTER OF TAMPA BAY, INC.

Current Principal Place of Business:

4114 TONGA LANE
STE. 3B
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

4114 TONGA LANE
STE. 3B
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 59-3809483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STALLARD, SUSAN L
4114 TONGA LANE
STE. 3B
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

STALLARD, DONNA
4114 TONGA LANE
STE. 3B
NEW PORT RICHEY, FL 34653 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: DONNA STALLARD 01/28/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: STALLARD, DONNA
Address: 4114 TONGA LANE, 3B
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP
Name: SNYDER, SUZANNE
Address: 4114 TONGA LANE, 3B
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SEC
Name: BYRNES, LAURA
Address: 4114 TONGA LANE, STE. 3B
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TRES
Name: DEJKUNCHORN, VALVADEE V
Address: 4114 TONGA LANE, STE. 3B
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby 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 all other like empowered.

SIGNATURE: DONNA STALLARD PRES 01/28/2010
Electronic Signature of Signing Officer or Director Date