


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90016 009 ****61.25

DOCUMENT # N05000007637					
1. Entity Name COALITION FOR WOMEN'S AND CHILDREN'S ISSUES, INC.					
Principal Place of Business 4265 ST. GEORGE ROAD MERRITT ISLAND, FL 32952			Mailing Address 1265 ST. GEORGE ROAD MERRITT ISLAND, FL 32952		
2. Principal Place of Business - No P.O. Box # 760 PINE ISLAND DR		3. Mailing Address 760 PINE ISLAND DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MELBOURNE FL		City & State MELBOURNE FL		4. FEI Number NOT APPLICABLE	
Zip 32940		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ANDERSON, J. PATRICK 930 S. HARBOR CITY BOULEVARD SUITE 505 MELBOURNE, FL 32901			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <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 PTD NAME ARCHER, DOREEN STREET ADDRESS 1265 ST. GEORGE ROAD CITY-ST-ZIP MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete		TITLE NAME ARCHER, DOREEN STREET ADDRESS 760 PINE ISLAND DR CITY-ST-ZIP MELBOURNE FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME HOLMAN, JANIE STREET ADDRESS 716 AURORA AVENUE CITY-ST-ZIP COCOA, FL 32922	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME HAGLUND, SHIRLEY STREET ADDRESS 300 LYNN AVENUE CITY-ST-ZIP SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>James Anderson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>March 31, 08</u> Daytime Phone #: <u>321-622-1401</u>		