

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009251

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** UNITED STATES WOMEN'S RUGBY FOUNDATION, INC.

**Current Principal Place of Business:**

PO BOX 6383  
TALLAHASSEE, FL 32314

**New Principal Place of Business:**

BOX 6383  
TALLAHASSEE, FL 32314

**Current Mailing Address:**

PO BOX 6383  
TALLAHASSEE, FL 32314

**New Mailing Address:**

P.O. BOX 364  
NEW YORK, NY 10185

**FEI Number:** 20-3482019

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATTS, JACQUELINE A  
5126 A WOODLANE CIR.  
TALLAHASSEE, FL 32303 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,VP ( ) Delete  
Name: HAHN, TANIA E  
Address: 1700 MASSACHUSETTS AVENUE  
City-St-Zip: KENNER, LA 70062

Title: D,P ( ) Delete  
Name: KNOX, DANITA  
Address: 4434 SIMS CT.  
City-St-Zip: TUCKER, GA 30084

Title: D,T ( ) Delete  
Name: OWEN, TERESSA C  
Address: 8624 CHATHAM CT.  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D,S ( ) Delete  
Name: ROSEN, SUZANNE  
Address: 1016 E. WORTHINGTON AVE.  
City-St-Zip: CHARLOTTE, NC 28203

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D,T (X) Change ( ) Addition  
Name: ROSEN, SUZANNE  
Address: 1016 E. WORTHINGTON AVE.  
City-St-Zip: CHARLOTTE, NC 28203

Title: D,S (X) Change ( ) Addition  
Name: ARMSTRONG, BEVERLY  
Address: 10 STONELEIGH CIRCLE  
City-St-Zip: WATERTOWN, MA 02472

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: BEVERLY ARMSTRONG

D,S

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date