

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90043 031 ****61.25

DOCUMENT # N06000002086

1. Entity Name

THE HOUSE OF JUDAH FOR HURTING WOMEN INC.



Principal Place of Business

Mailing Address

2204 N 36TH STREET
TAMPA FL 33605-4444

2204 N 36TH STREET
TAMPA FL 33605-4444

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2204 N. 36th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, Florida

Zip

Country

Zip

Country

33605-4444 Hillsborough

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, ANITA L
2204 N 36TH STREET
TAMPA FL 33605-4444

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

Anita L. Walker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

1-29-07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE M ☐ Delete
NAME WALKER, ANITA L
STREET ADDRESS 2204 N 36TH STREET
CITY-ST-ZIP TAMPA FL 33605-4444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Anita L. Walker Anita L. Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07 813-242-6407

Date Daytime Phone #