2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006512

2155 N.W. 130TH STREET

MIAMI, FL 33167

Address:

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

Entity Name: WOMEN OF AUTHORITY, INC. **Current Principal Place of Business: New Principal Place of Business:** 2020 N.W. 189 TERR MIAMI, FL 33056 **Current Mailing Address: New Mailing Address:** 2020 N.W. 189 TERR MIAMI, FL 33056 FEI Number: 20-5066200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ACCOUNTING & CLERICAL BY REEVES & ASSOC. 501 GOODLETTE ROAD SUITE B204 NAPLES, FL 34102 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LABROSKER, PURCELL Name: Name: Address: 149-B TWISTED PINE CT Address: City-St-Zip: LEESBURG, GA 31763 City-St-Zip: Title: () Delete Title: () Change () Addition Name: YOUNG-SMITH, HELEN Name: Address: 2020 N.W. 189 TERRACE Address: City-St-Zip: MIAMI, FL 33056 City-St-Zip: Title: DS () Delete Title: () Change () Addition YOUNG, JANET Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: HELEN YOUNG-SMITH DVP 04/29/2009