

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000064

FILED
Feb 27, 2009
Secretary of State

Entity Name: THE BATTERED WOMEN OF CAPE VERDE ISLAND, INC.

Current Principal Place of Business:

7133 JARVIS ROAD
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

7133 JARVIS ROAD
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 20-8096398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITEHEAD, MINDY
7133 JARVIS ROAD
SARASOTA, FL 34241 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: DPT () Delete
Name: WHITEHEAD, MINDY
Address: 7133 JARVIS ROAD
City-St-Zip: SARASOTA, FL 34241

Title: DS () Delete
Name: NEVES, ANA
Address: 7133 JARVIS ROAD
City-St-Zip: SARASOTA, FL 34241

Title: DVP () Delete
Name: CORREIA, GASTAO
Address: 7133 JARVIS ROAD
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MINDY WHITEHEAD

DPT

02/27/2009

Electronic Signature of Signing Officer or Director

Date