# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# N07000004649

**Entity Name:** SINGLE WOMEN WITH FAMILIES EMPOWERMENT CENTER, INC.

**Current Principal Place of Business:**

505 GREG ST
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 563
VALRICO, FL 33595 US

**New Mailing Address:**

**FEI Number: 26-0240312** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WILLIAMS, CHARLES
505 GREG ST
VALRICO, FL 33594 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: CWM ( ) Delete
Name: WILLIAMS, CATRICE
Address: 505 GREG ST
City-St-Zip: VALRICO, FL 33594

Title: BM ( ) Delete
Name: WILLIAMS, CHARLES
Address: 505 GREG ST
City-St-Zip: VALRICO, FL 33594

Title: BM ( ) Delete
Name: WILLIAMS, MARY
Address: 3211 CORD ST
City-St-Zip: TAMPA, FL 33605

Title: BM ( ) Delete
Name: DUBERRY, LEONA
Address: 3302 N 34TH ST
City-St-Zip: TAMPA, FL 33605

Title: BM ( ) Delete
Name: GOODSON, TAMEKA
Address: 5118 TEMPLE HEIGHTS RD
City-St-Zip: TAMPA, FL 33617

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

Title: PRES (X) Change ( ) Addition
Name: WILLIAMS, CATRICE
Address: 505 GREG ST
City-St-Zip: VALRICO, FL 33594

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

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: CLW PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date