

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004649

FILED
Apr 28, 2010
Secretary of State

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:

505 GREG ST
VALRICO, FL 33594

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: PRES
Name: WILLIAMS, CATRICE
Address: 505 GREG ST
City-St-Zip: VALRICO, FL 33594

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CATRICE L WILLIAMS

PRES

04/28/2010

Electronic Signature of Signing Officer or Director

Date