2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004649

FILED Apr 28, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

505 GREG ST VALRICO, FL 33594

Current Mailing Address: 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: Name and Address of New Registered Agent:

WILLIAMS, CHARLES
505 GREG ST
VALRICO, FL 33594 US
WILLIAMS, CATRICE
505 GREG ST
VALRICO, FL 33594 US
VALRICO, FL 33594 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: CATRICE L. WILLIAMS 04/28/2012

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: LEE, SHIRLEY A Address: 3302 N. 34TH 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: 1205 BLUFIELD AV City-St-Zip: BRANDON, FL 33511

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 04/28/2012