2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001594

9608 RIVER WALK COURT

ORLANDO, FL 32825

Address:

City-St-Zip:

FILED Jun 16, 2009 Secretary of State

Entity Nai	me: WOMEN VALIDATING WOMEN IN			
Current P	rincipal Place of Business:	New Principal Place of Business:		
	ST SOUTH STREET D, FL 32805			
Current Mailing Address:		New Mailing Address:		
	ST SOUTH STREET D, FL 32805			
	: FEI Number Applied For (X ce with s. 607.193(2)(b), F.S., the corporation of I Address of Current Registered Agen	id not receive the prior notice.)	
	•	Italie alia Address of New Registered Agenti		
3300 WES	S AND COBARRIS ENTERPRISES INC ST SOUTH STREET D, FL 32805 US			
	named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or b	ooth,	
SIGNATU				
	Electronic Signature of Registered	Agent Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIREC	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete COBARRIS, GINA N 3300 WEST SOUTH ORLANDO, FL 32805	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	VP () Delete BARTEL, PATRICIA POST OFFICE BOX 775 GASTON, SC 29053	Title: D (X) Change () Addition Name: COBARRIS, CLARENCE Address: 3300 WEST SOUTH STREET City-St-Zip: ORLANDO, FL 32805		
Title: Name: Address: City-St-Zip:	T () Delete BENTLEY, MICHELLE R 1507 LAMPLIGHTER WAY ORLANDO, FL 32818	Title: D (X) Change () Addition Name: BENTLEY, MICHELLE R Address: 1507 LAMPLIGHTER WAY City-St-Zip: ORLANDO, FL 32818		
Title:	S (X) Delete	Title: () Change () Addition		

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: GINA COBARRIS Ρ 06/16/2009