

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006570

FILED
Mar 26, 2009
Secretary of State

Entity Name: WOMEN REACHING WOMEN, INC.,

Current Principal Place of Business:

3806 RAMBLING ACRES DRIVE
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

3806 RAMBLING ACRES DRIVE
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 26-2968519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DREAMWEB OFFICE CONSULTANTS, INC.
11404 SUNCREEK PLACE
TEMPLE TERRACE, FL 33617 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: P, T () Delete
Name: LONG, DONNA
Address: 3806 RAMBLING ACRES DRIVE
City-St-Zip: TITUSVILLE, FL 32796

Title: VP () Delete
Name: HENRY, CAROL
Address: 110 LAGRANGE AVENUE
City-St-Zip: TITUSVILLE, FL 32780

Title: S () Delete
Name: ABRAMOV, GERE
Address: 7455 TURDY POINT DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: D (X) Delete
Name: YOUMANS, FRANCES
Address: 5075 CARTER STREET
City-St-Zip: COCOA, FL 32927

Title: D (X) Delete
Name: HENVILLE, EVELYN
Address: 1391 WEE COURT NW
City-St-Zip: PALM BAY, FL 32907

Title: D (X) Delete
Name: HOSLEY, DAVID
Address: 2061 LONDON TOWN LANE
City-St-Zip: TITUSVILLE, FL 32796

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:

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: DONNA LONG

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date