2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2010
Secretary of State

DOCUMENT# N09000010563

Entity Name: CARE AND COMPASSION CENTER FOR WOMEN INC.

Current Principal Place of Business:

4725 HOLLY LAKE DR.
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

4725 HOLLY LAKE DR.
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 27-1258639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, TARANEISHEA
4725 HOLLY LAKE DR.
LAKE WORTH, FL 33463 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: PD
Name: BROWN, TARANEISHEA
Address: 4725 HOLLY LAKE DR.
City-St-Zip: LAKE WORTH, FL 33463

Title: VD
Name: HOUSTON, DERRICK
Address: 1550 LATHAM RD.
City-St-Zip: W. PALM BCH, FL 33409

Title: O
Name: ROMANOFF, JUDY
Address: 14834 WOODLODGE LANE
City-St-Zip: DELRAY BCH, FL 33484

Title: S
Name: SMITH, TONYA P
Address: 4182 LAKE TAHOE CIR.
City-St-Zip: W. PALM BCH, FL 33409

Title: T
Name: SAMUELS, FREDERICK
Address: 3779 SANDPIPER DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

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: TARANEISHEA BROWN PD 05/28/2010

Electronic Signature of Signing Officer or Director Date