2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2011
Secretary of State

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Entity Name: FLORIDA WOMAN CARE FOUNDATION, INC.

Current Principal Place of Business:

4205 W ATLANTIC SUITE 304-B
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4205 W ATLANTIC SUITE 304-B
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 27-2554507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEARDEN, JAMES L ESQ
445 E PALMETTO PARK ROAD
BOCA RATON, FL 33432 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: D
Name: KONSKER, LORI C
Address: 4205 W ATLANTIC SUITE 304-B
City-St-Zip: DELRAY BEACH, FL 33445

Title: D
Name: BROWN, NANCY
Address: 4205 W ATLANTIC SUITE 304-B
City-St-Zip: DELRAY BEACH, FL 33445

Title: D
Name: KONSKER, KENNETH DR.
Address: 4205 W ATLANTIC SUITE 304-B
City-St-Zip: DELRAY BEACH, FL 33445

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: LORI KONSKER PRES 06/21/2011

Electronic Signature of Signing Officer or Director Date