

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006431

**FILED**  
**Aug 28, 2012**  
**Secretary of State**

**Entity Name:** WOMEN OF WARFARE WIN, INC

**Current Principal Place of Business:**

5388 RIVER ROCK RD  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

5388 RIVER ROCK RD  
LAKELAND, FL 33809

**New Mailing Address:**

**FEI Number:** 27-2026840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LOVE, ZENOVDIA  
5388 RIVER ROCK RD  
LAKELAND, FL 33809 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:** DP  
**Name:** LOVE, ZENOVDIA  
**Address:** 5388 RIVER ROCK RD  
**City-St-Zip:** LAKELAND, FL 33809

**Title:** D  
**Name:** SQUIRE, ALSHANTE L  
**Address:** 5388 RIVER ROCK RD  
**City-St-Zip:** LAKELAND, FL 33809

**Title:** D  
**Name:** JONES, ANTOYA  
**Address:** 5388 RIVER ROCK RD  
**City-St-Zip:** LAKELAND, FL 33809

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:** ZENOVDIA LOVE

DP

08/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date