

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003967

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** WOMENS RECOVERY FOUNDATION, INC

**Current Principal Place of Business:**

1620 HAVEN DRIVE  
ORLANDO, FL 32811

**New Principal Place of Business:**

1620 HAVEN DR  
ORLANDO, FL 32811

**Current Mailing Address:**

4630 S KIRKMAN ROAD  
STE 439  
ORLANDO, FL 32811

**New Mailing Address:**

7512 DR PHILLIPS BLVD  
STE 50-930  
ORLANDO, FL 32819

**FEI Number:** 45-1828593

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOCH, MICHAEL  
8033 RURAL RETREAT CT  
ORLANDO, FL 32819 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  
Name: KOCH, LUCIANNE  
Address: 8033 RURAL RETREAT CT  
City-St-Zip: ORLANDO, FL 32819

Title: DIR  
Name: GORE, JENNIFER A  
Address: 5208 HIDDEN CYPRESS LANE  
City-St-Zip: OVIEDO, FL 32765

Title: DIR  
Name: THORNTON WILLIAMS, NICOLE  
Address: 2830 LONG LEAF PINE STREET  
City-St-Zip: CLERMONT, FL 34714

Title: DIR  
Name: BONSOR, SUSAN H  
Address: 8018 BRIGHT COURT  
City-St-Zip: ORLANDO, FL 32836

Title: DIR  
Name: WANZER, ELIZABETH  
Address: 11521 SANDY HILL DR  
City-St-Zip: ORLANDO, FL 32821

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: LUCIANNE KOCH

P

02/08/2012

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

\_\_\_\_\_  
Date