

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005238

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** EVERY WOMAN FOUNDATION, CORP.

**Current Principal Place of Business:**

23 NORTH HILLSIDE AVENUE  
ORLANDO, FL 32803

**New Principal Place of Business:**

11831 VIA LUCERNA CIRCLE  
WINDERMERE, FL 34786

**Current Mailing Address:**

23 NORTH HILLSIDE AVENUE  
ORLANDO, FL 32803

**New Mailing Address:**

11831 VIA LUCERNA CIRCLE  
WINDERMERE, FL 34786

**FEI Number:** 45-2464104

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KING, STEPHANIE M  
23 NORTH HILLSIDE AVENUE  
ORLANDO, FL 32803 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: DIR  
Name: KING, STEPHANIE M  
Address: 23 NORTH HILLSIDE AVENUE  
City-St-Zip: ORLANDO, FL 32803 US

Title: DIR  
Name: VAUGHT, JESSICA M MD  
Address: 8048 OLD TOWNE DRIVE  
City-St-Zip: ORLANDO, FL 32819 US

Title: DIR  
Name: CACERES, AILEEN MD  
Address: 11831 VIA LUCERNA CIRCLE  
City-St-Zip: WINDERMERE, FL 34786

Title: DIR  
Name: COWAN, AMANDA F  
Address: 1002 EDGEWATER COURT  
City-St-Zip: ORLANDO, FL 32804

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: STEPHANIE M KING

DIR

01/03/2012

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

\_\_\_\_\_  
Date