


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90270 035 ****61.25

DOCUMENT # N31108 1. Entity Name NAVY WOMEN FOUNDATION, INC.					
Principal Place of Business C/O BERENICE K. GEORGE 2062 LOS LOMAS DRIVE CLEARWATER, FL 33763 US			Mailing Address C/O BERENICE K. GEORGE 2062 LOS LOMAS DRIVE CLEARWATER, FL 33763 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2998324				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GEORGE, BERENICE K. 2062 LOS LOMAS DRIVE CLEARWATER, FL 33763			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, ANNE		NAME		
STREET ADDRESS	301 JOLIET RD		STREET ADDRESS		
CITY-ST-ZIP	MARQUETTE HEIGHTS, IL		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEORGE, BERENICE K.		NAME		
STREET ADDRESS	2062 LOS LOMAS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOMICK, RUBY		NAME		
STREET ADDRESS	6510 SENEGAL PALM WAY		STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HINDS, MARY M		NAME		
STREET ADDRESS	4369 BLUEWATER AVE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUDD, DOROTHY		NAME		
STREET ADDRESS	RT. 1, BOX 84-B		STREET ADDRESS	→ 710 OOCHEE RD	
CITY-ST-ZIP	TOOMSBORO, GA		CITY-ST-ZIP	→ 31890	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Berenice K. George
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 01/10/06 Daytime Phone # _____