

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90075 048 ****65.25

DOCUMENT # N35922

1. Entity Name
WOMEN'S EMERGENCY NETWORK, INC.



Principal Place of Business
**1234 S. DIXIE HWY., #312
CORAL GABLES, FL 33146**

Mailing Address
**1234 S. DIXIE HWY., #312
CORAL GABLES, FL 33146**

50015203



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2985791

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COHAN, CAROL
3939 LEAFY WAY
MIAMI, FL 33133**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME COHAN, CAROL
STREET ADDRESS 3939 LEAFY WAY
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE VD ☐ Delete
NAME ELKIN, KAREN
STREET ADDRESS 1012 MARIPOSA AVE
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE SD ☐ Delete
NAME MORROW, BETTY
STREET ADDRESS 8215 SW 140 AVE
CITY-ST-ZIP MIAMI, FL 33183

TITLE TD ☐ Delete
NAME ELLISON, JANET
STREET ADDRESS 4974 SW 76TH STREET
CITY-ST-ZIP MIAMI, FL 33143

TITLE D ☐ Delete
NAME CHANEY, DOROTHY
STREET ADDRESS 1129 N.W. 105 STREET
CITY-ST-ZIP MIAMI, FL 33150

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE MD/D ☒ Change ☐ Addition
NAME Carol Cohan
STREET ADDRESS 1234 S. Dixie Hwy., #312
CITY-ST-ZIP Coral Gables, FL 33146

TITLE VD ☒ Change ☐ Addition
NAME Karen Elkin
STREET ADDRESS 1234 S. Dixie Hwy., #312
CITY-ST-ZIP Coral Gables, FL 33146

TITLE PD ☒ Change ☐ Addition
NAME Betty Morrow
STREET ADDRESS 1234 S Dixie Hwy., #312
CITY-ST-ZIP Coral Gables, FL 33146

TITLE TD ☒ Change ☐ Addition
NAME Janet Ellison
STREET ADDRESS 1234 S. Dixie Hwy., #312
CITY-ST-ZIP Coral Gables, FL 33146

TITLE SD ☒ Change ☐ Addition
NAME Dorothy Chaney
STREET ADDRESS 1234 S. Dixie Hwy., #312
CITY-ST-ZIP Coral Gables, FL 33146

TITLE P.E./D ☐ Change ☒ Addition
NAME Luba Dewitt
STREET ADDRESS 1234 S. Dixie Hwy., #312
CITY-ST-ZIP Coral Gables, FL 33146

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/05 305-446-4615