

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90080 012 ****61.25

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

40013906



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072007

Chg-NP

CR2E037 (12/06)

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, 2007

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 ED ☐ Delete
NAME COHAN, CAROL
STREET ADDRESS 1234 S. DIXIE HWY #312
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE VBC ☐ Delete
NAME MORROW, BETTY
STREET ADDRESS 1234 S. DIXIE HWY #312
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE BCD ☐ Delete
NAME DEWITT, LUBA
STREET ADDRESS 1234 S. DIXIE HWY #312
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE TD ☐ Delete
NAME ELLISON, JANET
STREET ADDRESS 1234 S. DIXIE HWY #312
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE S ☐ Delete
NAME SMITH, LINDSAY
STREET ADDRESS 1234 S. DIXIE HWY #312
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE BCE ☐ Delete
NAME ELKIN, KAREN
STREET ADDRESS 1234 S. DIXIE HWY #312
CITY-ST-ZIP CORAL GABLES, FL 33146

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VBC ☒ Change ☐ Addition
NAME Adele Smith
STREET ADDRESS 1234 So. Dixie Hwy #312
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE Karen Elkin ☒ Change ☐ Addition
NAME
STREET ADDRESS 1234 So. Dixie Hwy, #312
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE COLLEEN BRYAN ☒ Change ☐ Addition
NAME
STREET ADDRESS 1234 So. Dixie Hwy, #312
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE LINDSAY SMITH ☒ Change ☐ Addition
NAME
STREET ADDRESS 1234 So. 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 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:

Carol Cohan CAROL COHAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07
Date

305-446-1910
Daytime Phone #