## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35922

FILED Feb 10, 2010 Secretary of State

Entity Name: WOMEN'S EMERGENCY NETWORK, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

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

SUITE 204

MIAMI, FL 33156

**Current Mailing Address:** 

1234 S. DIXIE HWY., #312

CORAL GABLES, FL 33146

**New Mailing Address:** 

7400 SW 88 STREET

7400 SW 88 STREET SUITE 204

MIAMI, FL 33156

FEI Number: 59-2985791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COHAN, CAROL 1234 SOUTH DIXIE HWY. #312 CORAL GABLES, FL 33146

MOFFROID, MARY 7400 SW 88 STREET MIAMI, FL 33156

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: MARY MOFFROID

02/10/2010

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

MOFFROID, MARY Name:

Address: 7400 SW 88 ST., SUITE 204

City-St-Zip: MIAMI, FL 33156

Title: **VBC** 

Name: SIMON, JULIE

Address: 7400 SW 88 ST., SUITE 204

City-St-Zip: MIAMI, FL 33156

Title: TD

ELKIN, KAREN Name:

7400 SW 88 ST., SUITE 204 Address:

City-St-Zip: MIAMI, FL 33156

Title:

Name: FREEDBERG, JUDITH 7400 SW 88 ST., SUITE 204 Address:

City-St-Zip: MIAMI, FL 33156

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: MARY MOFFROID

BC

02/10/2010