



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N38890 1. Entity Name WOMEN IN TRANSITION, INC.						FILED 04 JAN 22 PM 3:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 157 E. NEW ENGLAND AVENUE SUITE 400 WINTER PARK, FL 32789				Mailing Address 157 E. NEW ENGLAND AVENUE SUITE 400 WINTER PARK, FL 32789			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RHODES, LIN 157 E. NEW ENGLAND AVE. SUITE 400 WINTER PARK, FL 32789				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 _____ <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, 2004			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 NAME STREET ADDRESS CITY-ST-ZIP	PD RHODES, LIN <input type="checkbox"/> Delete 157 E. NEW ENGLAND AVE. WINTER PARK, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300027873203 01/29/04--01033--011 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARA, BARBARA <input type="checkbox"/> Delete 157 E. NEW ENGLAND AVE. WINTER PARK, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WELLS, KRISTI <input type="checkbox"/> Delete 157 E NEW ENGLAND AVE WINTER PARK, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
Date						Daytime Phone #	



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Document Number

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Business Entity Name

WOMEN IN TRANSITION, INC.

Election Campaign Financing Trust Fund Contribution Yes No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address



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Document Number

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Business Entity Name

WOMEN IN TRANSITION, INC.

FEI Number

593022313

FEI Number Status

Applied For

Not Applicable

Current

Certificate of Status Desired

Yes

No

Principal Place of Business

Address

157 E. NEW ENGLAND AVENUE

Suite, Apt. #, etc.

SUITE 440

City, State

WINTER PARK

FL

Zip Code & Country

32789

Mailing Address

Address

157 E. NEW ENGLAND AVENUE

Suite, Apt. #, etc.

SUITE 440

City, State

WINTER PARK

FL

Zip Code & Country

32789

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

RHODES, LIN

Address

157 E. NEW ENGLAND AVE.

Suite, Apt. #, etc.

SUITE 440

City, State

WINTER PARK

FL

Zip Code & Country

32789

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

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City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>	
Street Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>	
Street Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title	<input type="text" value="PD"/>	
Officer/Director Signature	<input type="text" value="LIN RHODES, M.A."/>	

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