

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38890

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: WOMEN IN TRANSITION, INC.

**Current Principal Place of Business:**

157 E. NEW ENGLAND AVENUE  
SUITE 440  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

157 E. NEW ENGLAND AVENUE  
SUITE 440  
WINTER PARK, FL 32789 US

**New Mailing Address:**

FEI Number: 59-3022313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RHODES, LIN  
157 E. NEW ENGLAND AVENUE  
SUITE 440  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RHODES, LIN,  
Address: 157 E. NEW ENGLAND AVE.  
City-St-Zip: WINTER PARK, FL 32789 US

Title: VD ( ) Delete  
Name: MACLEOD, REBECCA  
Address: 157 E. NEW ENGLAND AVE.  
City-St-Zip: WINTER PARK, FL 32789 US

Title: SD ( ) Delete  
Name: HARVEY, MAURA  
Address: 157 E NEW ENGLAND AVE  
City-St-Zip: WINTER PARK, FL 32789 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LIN RHODES

PD

03/21/2009

Electronic Signature of Signing Officer or Director

Date