

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43362

FILED
Feb 21, 2005
Secretary of State

Entity Name: WOMEN'S ORGANIZATION FOR MEDICAL EMERGENCY NEEDS, INC.

Current Principal Place of Business:

PO BOX 82184
TAMPA, FL 33682 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 82184
TAMPA, FL 33682 US

New Mailing Address:

FEI Number: 59-3062028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METCALF, RONNA
2401 BAYSHORE BLVD, 3207
TAMPA, FL 33629 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: DC () Delete
Name: METCALF, RONNA
Address: 2401 BAYSHORE BLVD #207
City-St-Zip: TAMPA, FL 33629

Title: VCD () Delete
Name: HARKNESS, MARY L
Address: 13511 PALMWOOD LANE
City-St-Zip: TAMPA, FL 33624

Title: T () Delete
Name: HAYNES, KATIE
Address: 221 W. JEAN ST., #2
City-St-Zip: TAMPA, FL 33604

Title: SD () Delete
Name: JOHNSON, ELIZABETH
Address: 6917 N. LYNN AVE
City-St-Zip: TAMPA, FL 33604

Title: A () Delete
Name: DAVIS, BETSY
Address: 27226 BLACK HAWK DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: RIVERA-ARROYO, IMELDA
Address: 10019 TATE LN.
City-St-Zip: TAMPA, FL 33626

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 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 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: RONNA J. METCALF

Electronic Signature of Signing Officer or Director

CHAI

02/21/2005

Date