

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43362

FILED  
Jan 08, 2009  
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:**

7823 QUAIL HOLLOW BLVD.  
WESLEY CHAPEL, FL 33544 US

**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:**

CORNISH, RACHEL  
7823 QUAIL HOLLOW BLVD  
ZEPHYRHILLS, FL 33544 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: CORNISH, RACHEL  
Address: 7823 QUAIL HOLLOW BLVD  
City-St-Zip: ZEPHYRHILLS, FL 33544

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

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: T (X) Change ( ) Addition  
Name: REYNOLDS, SANDY  
Address: 1830 TUMBLEWEED CT.  
City-St-Zip: WESLEY CHAPEL, FL 33843

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: RACHEL CORNISH

CH

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date