

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44128

FILED
Apr 11, 2007
Secretary of State

Entity Name: WOMEN'S HELP CENTER, INC.

Current Principal Place of Business:

1519 EMERSON STREET
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1519 EMERSON STREET
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-3046444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROYAL, DIANE P
3009 JOLLY RD
JACKSONVILLE, FL 32207 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: SD () Delete
Name: MATHISON, CAROL
Address: 612 COPPER HEAD CIRCLE
City-St-Zip: ST, AUGUSTINE, FL 32092

Title: D () Delete
Name: ALLAIRE, LORRAINE
Address: 4226 STOURHEAD LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD () Delete
Name: ROYAL, DIANE
Address: 3009 JOLLY RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD () Delete
Name: JOHNSON, JOEL
Address: 693 SAND ISLES CIRCLE
City-St-Zip: PONTE VEDRA, FL 32082 45

Title: D () Delete
Name: MATHISON, BOB
Address: 612 COPPER HEAD CIRCLE
City-St-Zip: ST, AUGUSTINE, FL 32092

Title: VD () Delete
Name: HOLTZ, RICHARD
Address: 2833 CHRISTOPHER CREEK RD.
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: GLACE, LINDA
Address: 13838 SALFORD CT
City-St-Zip: JACKSONVILLE, FL 32224

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

Title: D (X) Change () Addition
Name: JOHNSON, JOEL
Address: 693 SAND ISLES CIRCLE
City-St-Zip: PONTE VEDRA, FL 32082 45

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

Title: PD (X) Change () Addition
Name: HOLTZ, RICHARD
Address: 2833 CHRISTOPHER CREEK RD.
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANE P ROYAL

TD

04/11/2007

Electronic Signature of Signing Officer or Director

Date