2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

DOCUMENT# N44128

Entity Name: WOMEN'S HELP CENTER, INC.

Current Principal Place of Business:

4209 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

4209 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216 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:

HOLTZ, RICHARD
2833 CHRISTOPHER CREEK RD
JACKSONVILLE, FL 32217 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
Name: TIMOTHY P RAINES
Address: P.O. BOX 350194
City-St-Zip: JACKSONVILLE, FL 32235 US

Title: VP
Name: JIM RADLOFF
Address: 2051 ART MUSEUM DR #200
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: TD
Name: RICH HOLTZ
Address: 2833 CHRISTOPHER CREEK RD
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: SD
Name: CAROL MATHISON
Address: 612 COPPER HEAD CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32092 US

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

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY P RAINES PD 04/21/2011

Electronic Signature of Signing Officer or Director Date