

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90136 049 ****61.25

DOCUMENT # N45056 1. Entity Name WOMEN IN NETWORK, INC.					
Principal Place of Business PO BOX 9744 FT. LAUDERDALE, FL 33310 US			Mailing Address PO BOX 9744 FT. LAUDERDALE, FL 33310 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03272007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0287695	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CREA, FLORENCE M 2765 GRIFFIN ROAD APT. #3 DANIA BEACH, FL 33312			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <i>Florence M. Crea, President</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> <i>3/27/07</i> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CARINO, PAT 1551 N.E. 40TH STREET OAKLAND PARK, FL 33334	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Same " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D HEPWORTH, ROSE 2007 NE 7 AVE WILTON MANORS, FL 33305	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Geri Topples S/D 2967 Waterford Dr. N. Deerfield Beach, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SCOTTI, KAREN 1551 N.E. 40TH STREET OAKLAND PARK, FL 33334	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Same " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BEDARD, KATHRYN 6501 FLAMINGO LANE COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D LYNN GLOVER PO Box 156 BOCA RATON, FL 33429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREA, FLORENCE M 2765 GRIFFIN ROAD DANIA BEACH, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Same " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Florence M. Crea, President</i> <i>3/27/07</i> (954) 274-8537 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					