


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90022 024 ****61.25

DOCUMENT # N47444					
1. Entity Name WOMAN'S RELIEF ASSOCIATION, INC.					
Principal Place of Business SURFHOUSE #401 8995 COLLINS AVE SURFSIDE, FL 33154 US		Mailing Address SURFHOUSE #401 8995 COLLINS AVE SURFSIDE, FL 33154 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0653313	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAROL ADAMS SURFHOUSE 401 8995 COLLINS AVE SURFSIDE, FL 33154			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE <i>Carol Adams</i>		Treasurer		2-2-2006	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAQULYN M NOELL		NAME		
STREET ADDRESS	1205 NE 95TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES, FL 33138		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORMA JEAN MERCER		NAME		
STREET ADDRESS	990 NE 97TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BABCOCK, MADELINE		NAME		
STREET ADDRESS	301 NE 93 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP		
TITLE	RS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONNIE BISCHOFF		NAME		
STREET ADDRESS	9879 NE 13 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES, FL 33138		CITY-ST-ZIP		
TITLE	CS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ASTOR, ANN T		NAME		
STREET ADDRESS	2000 TOROCAILE TERRACE # 1402		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAROL ADAMS		NAME		
STREET ADDRESS	BAL BRIDGE N #101		STREET ADDRESS		
CITY-ST-ZIP	BAL HARBOUR, FL 33154		CITY-ST-ZIP		
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>Carol Adams</i>		Treasurer		2-2-2006	
Signature and typed or printed name of signing officer or director				Date	
				Daytime Phone # 305 864 7560	

ATTACHMENT



40009853

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2006

WOMAN'S RELIEF ASSOCIATION, INC.
C/O CAROLE ADAMS
8995 COLLINS AVE
SURFSIDE, FL 33154 US

SUBJECT: WOMAN'S RELIEF ASSOCIATION, INC.
Ref. Number: N47444

We have received your document for WOMAN'S RELIEF ASSOCIATION, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

The form submitted is not suitable for archiving. Please complete the enclosed form and return to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 606A00006543