


FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90012 047 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N47444			
1. Entity Name WOMAN'S RELIEF ASSOCIATION, INC.			
Principal Place of Business 394 NE 94 Street MIAMI SHORES, FL 33138		Mailing Address	
2. Principal Place of Business - No P.O. Box # 384 NE 94 ST.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI SHORES FL		City & State	
Zip 33154	Country DADE	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 CAROL ADAMS SURFHOUSE 401 8995 COLLINS AVE SURFSIDE, FL 33154		7. Name and Address of New Registered Agent Name KAREN SMITH C. DAVIS Street Address (P.O. Box Number is Not Acceptable) 384 NE 94 STREET City MIAMI SHORES FL Zip Code 33138	
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 <u><i>Karen C. Davis</i></u> DATE 5-13-07 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
Filing Fee is \$81.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JAQULYN M NOELL 1205 NE 85TH ST MIAMI SHORES, FL 33138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAREN DAVIS 384 NE 94 ST. MIAMI SHORES, FL 33138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NORMA JEAN MERCER 990 NE 97TH ST MIAMI, FL 33138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS SHIRLEY SMITH 440 GIRARDI GARDEN MIAMI SHORES, FL 33138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZVP BABCOCK, MADELINE 301 NE 93 STREET MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS CONNIE BISCHOFF 9879 NE 13 AVE MIAMI SHORES, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JVP ASTOR, ANN T 2000 TOROCAILE TERRACE # 1402 MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP CAROL ADAMS BAL BRIDGE N #101 BAL HARBOUR, FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exempt ones 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: <u><i>Carol Adams</i></u>		Date 5-11-2007 Designation 305 864 7560	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Designation</small>	

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05112007 Chg-NP CR2E037 (12/08)