


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90019 036 ****61.25

DOCUMENT # N47444 1. Entity Name WOMAN'S RELIEF ASSOCIATION, INC.	
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Principal Place of Business 384 NE 94TH STREET MIAMI SHORES, FL 33154 US	Mailing Address 384 NE 94TH STREET MIAMI SHORES, FL 33154 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-0653313	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DAVIS, KAREN
384 NE 94TH STREET
MIAMI SHORES, FL 33138

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS	
TITLE	T <input type="checkbox"/> Delete
NAME	DAVIS, KAREN
STREET ADDRESS	384 NE 94 ST
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	CS <input type="checkbox"/> Delete
NAME	SMITH, SHIRLEY
STREET ADDRESS	440 GRAND UNIVERSE
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	2VP <input type="checkbox"/> Delete
NAME	BABCOCK, MADELINE
STREET ADDRESS	301 NE 93 STREET
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	RS <input type="checkbox"/> Delete
NAME	CONNIE BISCHOFF
STREET ADDRESS	9879 NE 13 AVE
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	1V <input type="checkbox"/> Delete
NAME	ASTOR, ANN T
STREET ADDRESS	2000 TOROCAILE TERRACE # 1402
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	P <input type="checkbox"/> Delete
NAME	CAROL ADAMS
STREET ADDRESS	BAL BRIDGE N #101
CITY-ST-ZIP	BAL HARBOUR, FL 33154

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	440 GRAND CONCOURSE
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	MIAMI SHORES, FL 33138
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4000 TOWERSIDE TER. PH-3
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8995 COLLINS AVE # 401
CITY-ST-ZIP	MIAMI BEACH, FL 33154

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: Karen Davis KAREN DAVIS 305-691-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #