

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47444

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** WOMAN'S RELIEF ASSOCIATION, INC.

**Current Principal Place of Business:**

384 NE 94TH STREET  
MIAMI SHORES, FL 33138 US

**New Principal Place of Business:**

**Current Mailing Address:**

384 NE 94TH STREET  
MIAMI SHORES, FL 33138 US

**New Mailing Address:**

FEI Number: 59-0653313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, KAREN  
384 NE 94TH STREET  
MIAMI SHORES, FL 33138 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: T  
Name: DAVIS, KAREN  
Address: 384 NE 94 ST  
City-St-Zip: MIAMI SHORES, FL 33138

Title: CS  
Name: SMITH, SHIRLEY  
Address: 440 GRAND CONCOVESE  
City-St-Zip: MIAMI, FL 33138

Title: 2VP  
Name: BABCOCK, MADELINE  
Address: 301 NE 93 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: RS  
Name: CONNIE BISCHOFF  
Address: 9879 NE 13 AVE  
City-St-Zip: MIAMI SHORES, FL 33138

Title: 1V  
Name: ASTOR, ANN T  
Address: 4000 TOWERSIDE TER PH-3  
City-St-Zip: MIAMI, FL 33138

Title: P  
Name: CAROL, ADAMS  
Address: 8995 COLLINS AVE #401  
City-St-Zip: MIAMI BEACH, FL 33154

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: KAREN C DAVIS

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01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date