## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000002186

FILED Apr 17, 2007 Secretary of State

Entity Name: THE FLORIDA WOMEN'S CONSORTIUM INCORPORATED

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	NDIANHEAD SSEE, FL 3230	01 US		
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
150 HOL IARGATI	LIDAY SPRINGS E, FL 33063	S BLVD., #111 US		
El Number	r: 65-0172462	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
102/1//	I, DIANA S			
41 PARK	CDRIVE EAST ATON, FL 3343	2 US		
41 PARK OCA RA he above	( DRIVE EAST ATON, FL 3343.		purpose of changing its registere	ed office or registered agent, or both,
41 PARK OCA RA he above the Stat	CORIVE EAST TON, FL 3343 e named entity ste of Florida.	submits this statement for the		ed office or registered agent, or both,
11 PARK OCA RA ne above the Stat	CORIVE EAST TON, FL 3343 e named entity ste of Florida.			ed office or registered agent, or both,  Date
41 PARK OCA RA he above the Stat	CORIVE EAST TON, FL 3343 e named entity ste of Florida.	submits this statement for the particles of Registered Ag	ent	ed office or registered agent, or both,  Date  ES TO OFFICERS AND DIRECTOR
41 PARK OCA RA he above the Stat IGNATU	e named entity ste of Florida.  Electron  S AND DIRECTOLOMBOR (1)  TOLOMEO, CAI	submits this statement for the particle Signature of Registered Agentors:  Delete ROLE SPRINGS BLVD	ent	Date
the above the State GNATU  FFICER  tle: ame: ddress:	C DRIVE EAST ATON, FL 3343.  The named entity of the of Florida.  The section of	submits this statement for the particle Signature of Registered Ag  TORS:  Delete ROLE SPRINGS BLVD 33063  Delete  HEAD	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUE A. BANKS TD 04/17/2007