

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002273

FILED
Apr 05, 2006
Secretary of State

Entity Name: WOMEN AT THE WELL, INC.

Current Principal Place of Business:

2605 SOUTH KINGGS AVENUE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1855
BRANDON, FL 33509

New Mailing Address:

FEI Number: 59-3240680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, MOZELLA G DR
2605 SOUTH KINGGS AVENUE
BRANDON, FL 33511 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: D () Delete
Name: KNOWLES, VALERIE
Address: 10427 HERON LAKE DR.
City-St-Zip: BRANDON, FL 33569

Title: D () Delete
Name: MCKINNEY, JESSIE
Address: 7922 CROTON AVE
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: SMITH, AARON A DR.
Address: 3715 N. 55TH ST. #A
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: MITCHELL RUSSELL, LUCY
Address: 2206 E IDA
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: MILLER, MARCIA
Address: 2605 S KINGS AVE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARCIA MILLER

D

04/05/2006

Electronic Signature of Signing Officer or Director

Date