

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

04-16-2004 90103 035 ****70.00

DOCUMENT # N97000003529			
1. Entity Name WOMEN OF A CIRCLE, INC.			
Principal Place of Business 108 EAST JEFFERSON ST 639 ROBERTS STREET QUINCY, FL 32351		Mailing Address 108 EAST JEFFERSON ST 482 ATWATER RD CHATTAHOOCHEE, FL 32334	
2. Principal Place of Business		3. Mailing Address 205 South Chalk St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Quincy, Florida	
Zip	Country	Zip	Country
32351		32351	Gadsden
4. FEI Number 32-0112661		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBRITTON, RENELL W 205 SOUTH CHALK ST QUINCY, FL 32351		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 Renell W Albritton		DATE 3-12-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	PD GRAHAM, SARAH 482 ATWATER RD CHATTAHOOCHEE, FL 32334 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Patricia Bahn 935 Sikes St Quincy, FL 32351 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ALBRITTON, RENELL 205 SOUTH CHALK STREET QUINCY, FL 32351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gloria Hill 108 East Lanya St Quincy, FL 32351 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCMILLAN, ANNETTE 515 POSTON RD QUINCY, FL 32352 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANCIS, CAROLYN 1208 WASHINGTON ST QUINCY, FL 32351 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Renell Albritton / Renell Albritton		Date 4-1-04 (850) 627-2190	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	