

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004623

FILED
Jan 09, 2007
Secretary of State

Entity Name: WOMEN'S REFUGE OF VERO BEACH, INC.

Current Principal Place of Business:

1850 LEMON AVE.
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1484
VERO BEACH, FL 32961 US

New Mailing Address:

FEI Number: 65-0768645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, JAMES
775 BROADWAY ST.
VERO BEACH, FL 32960 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: ROBERT, TED
Address: 1066 41ST AVE.
City-St-Zip: VERO BEACH, FL 32968

Title: D () Delete
Name: GARDNER, BARBARA
Address: 425 212ST COURT
City-St-Zip: VERO BEACH, FL 32962

Title: T () Delete
Name: WILEY, ROY
Address: 711 W INDIANTOWN RD A-4
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: ROBERT, DONNA
Address: 1066 41ST AVE.
City-St-Zip: VERO BEACH, FL 32968

Title: P () Delete
Name: STASZEWSKI, JOAN
Address: 1850 LEMON AVE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: DAVIS, JIM
Address: 775 BROADWAY ST.
City-St-Zip: VERO BEACH, FL 32960

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
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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: CAROLINA GARCIA

ASS

01/09/2007

Electronic Signature of Signing Officer or Director

Date