


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000000382	
1. Entity Name TOMORROW'S WOMAN, INC.	

Principal Place of Business 1529 ITCHEPACKESASSA DRIVE LAKELAND, FL 33810	Mailing Address POST OFFICE BOX 91592 LAKELAND, FL 33804
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DO NOT WRITE IN THIS SPACE

02022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3488034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LIMA, LILLIAN
1529 ITCHEPACKESASSA DRIVE
LAKELAND, FL 33810

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCT LIMA, LILLIAN 1529 ITCHEPACKESASSA DR LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS LING, SEMONA 5653 VIBURNUM CT POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BILD, TRACI 8713 BAY CREST LN TAMPA, FL 33815
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

U00000038748
02/06/04-80149-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lillian Lima Lillian Lima 2/2/04 (863) 325-6310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #