

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006025

FILED  
Feb 17, 2007  
Secretary of State

**Entity Name:** FEMALE VOICES EARLY INTERVENTIONS AND ENCHANCEMENT PROGRAMS, INC.

**Current Principal Place of Business:**

P.O. BOX 6534  
TALLAHASSEE, FL 32314 US

**New Principal Place of Business:**

2202 LAKE BRADFORD RD.  
TALLAHASSEE, FL 32308 US

**Current Mailing Address:**

P.O. BOX 6534  
TALLAHASSEE, FL 32314 US

**New Mailing Address:**

**FEI Number:** 59-3538378      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCKINNIE, LORRAINE  
FEMALE VOICES EARLY INTERVENTIONS  
2202 LAKE BRADFORD ROAD  
TALLAHASSEE, FL 32307 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: ED ( ) Delete  
Name: MCKINNIE, LORRAINE  
Address: P.O.BOX 6534  
City-St-Zip: TALLAHASSEE, FL 32314

Title: P ( ) Delete  
Name: VAUGHN, KARYN  
Address: 8472 SOUTHERN PARK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32305

Title: VPT ( ) Delete  
Name: PORTER, MARY  
Address: 8492 SOUTHERN PARK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32305

Title: VP ( ) Delete  
Name: SANFORD, LESSIE  
Address: 1401 CALLEN STREET  
City-St-Zip: TALLAHASSEE, FL 32310

**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:

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: LORRAINE MCKINNIE

ED

02/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date