

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006175

FILED
Jul 08, 2005
Secretary of State

Entity Name: WOMEN'S COUNSEL INTERNATIONAL, INC.

Current Principal Place of Business:

101 MONROE PLACE
FORSYTH, GA 31029

New Principal Place of Business:

Current Mailing Address:

PO BOX 653
FORSYTH, GA 31029

New Mailing Address:

FEI Number: 59-3541238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HEWITT, DOTTIE M
585 LANCER OAK DRIVE
APOPKA, FL 32712 US

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: PDC () Delete
Name: HUGHES, LAUREL T DR
Address: 101 MONROE PLACE
City-St-Zip: FORSYTH, GA 31029

Title: DVPT () Delete
Name: TURNER, SHARON L
Address: 13307 DOVEDALE WAY, APT C
City-St-Zip: GERMANTOWN, MD 20874

Title: DS () Delete
Name: HEWITT, DOTTIE M
Address: 585 LANCER OAK DRIVE
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: SAPP, CHRISTOPHER
Address: 1323 WILDERNESS LANE
City-St-Zip: TITUSVILLE, FL 32796

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 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 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: LAUREL T. HUGHES

PRES

07/08/2005

Electronic Signature of Signing Officer or Director

Date