



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90056 011 \*\*\*\*61.25

<b>DOCUMENT # N98000006175</b> 1. Entity Name WOMEN'S COUNSEL INTERNATIONAL, INC.					
Principal Place of Business <i>NEW ADDRESS</i> <del>401 MONROE PLACE</del> → <b>303 River Forest Drive</b> FORSYTH, GA 31029				Mailing Address PO BOX 653 FORSYTH, GA 31029	
2. Principal Place of Business - No P.O. Box # <b>303 River Forest Drive</b>		3. Mailing Address <b>SAME</b>		  01182007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Forsyth GA</b>		City & State			
Zip <b>31029</b>		Country <b>USA</b>			
4. FEI Number <b>59-3541238</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  HEWITT, DOTTIE M <del>585 LANCER OAK DRIVE</del> APOPKA, FL 32712  <i>new address</i>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>816 Magnolia Blossom CT</b> City <b>APOPKA</b> FL Zip Code <b>32712</b>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PDC	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHES, LAUREL T DR		NAME	303 River Forest Drive	
STREET ADDRESS	<del>401 MONROE PLACE</del>		STREET ADDRESS	FORSYTH, GA 31029	
CITY-ST-ZIP	FORSYTH, GA 31029		CITY-ST-ZIP		
TITLE	DVPT	<input type="checkbox"/> Delete	TITLE		
NAME	TURNER, SHARON L		NAME		
STREET ADDRESS	17908 CAMINITO BALATA		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 92128		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEWITT, DOTTIE M		NAME	816 Magnolia Blossom COURT	
STREET ADDRESS	<del>585 LANCER OAK DRIVE</del>		STREET ADDRESS	APOPKA, FL 32712	
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	SAPP, CHRISTOPHER		NAME		
STREET ADDRESS	1323 WILDERNESS LANE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	DIRECTOR CHARLES R. Hughes	
STREET ADDRESS			STREET ADDRESS	303 River Forest Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Forsyth, GA 31029	
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Laurel T. Hughes</i>		January 17, 2007		478-974-0144	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	