2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000004533

1. Entity Name
MILLENNIUM WOMAN FOUNDATION, INC.

Principal Place of Business	Mailing Address
201 WEST CANTON AVENUE SUITE B WINTER PARK, FL 32789	P.O. BOX 190 WINTER PARK, FL 32790

02082008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3603587
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

O'SHAUGHNESSY, THOMAS M
201 W CANTON
SUITE B
WINTER PARK, FL 32789

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	OSHAUGHNESSY, MICHAEL
STREET ADDRESS	P.O. BOX 190
CITY-ST-ZIP	WINTER PARK, FL 32790
TITLE	DV
NAME	WINDRAM, LESLIE
STREET ADDRESS	P.O. BOX 190
CITY-ST-ZIP	WINTER PARK, FL 32790
TITLE	DS
NAME	O'SHAUGHNESSY, BETTY
STREET ADDRESS	2427 GALLERY VIEW DR #1
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	DT
NAME	SOURIS, NIKOLAOS
STREET ADDRESS	6801 CAMINO DES AMIGOS
CITY-ST-ZIP	CARLSBAD, CA 92009
TITLE	D
NAME	BITTMANN-NEVILLE, NYDA
STREET ADDRESS	606 WOODLAND STREET
CITY-ST-ZIP	ORLANDO, FL 328062260
TITLE	D
NAME	GURTIS, SARAH
STREET ADDRESS	602 N. RIVERSIDE DR.
CITY-ST-ZIP	NEW SMYRNA, FL 32168

U00000827302
02/21/08-80084-017 61.25

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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.

SIGNATURE: _____ 2-10-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #