


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90183 029 \*\*\*\*61.25

**DOCUMENT # N99000005169**

1. Entity Name  
**A WOMAN'S RESOURCE CENTER, INC.**



Principal Place of Business  
**640 W JEFFERSON ST  
 BROOKSVILLE, FL 34601**

Mailing Address  
**640 W JEFFERSON ST  
 BROOKSVILLE, FL 34601**

2. Principal Place of Business  
**134 East Ft. Dade Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 1935**  
 Suite, Apt. #, etc.



04082005 Chg-NP CR2E037 (10/03)

City & State  
**Brooksville, FL**

City & State  
**Brooksville, FL**

Zip  
**34601**

Country  
**Hernando**

Zip  
**34605**

Country  
**Hernando**

4. FEI Number  
**59-3596705**

Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent

**KNIGHT, STEPHANIE**  
**640 W. JEFFERSON ST.**  
**BROOKSVILLE, FL 34601**

7. Name and Address of New Registered Agent

Name  
**Stephanie Knight**

Street Address (P.O. Box Number is Not Acceptable)  
**134 East Ft. Dade Ave**

City  
**Brooksville**

FL Zip Code  
**34601**

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, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, CARL REV 29249 WILPAYNE ROAD BROOKSVILLE, FL 34922	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BALDNER, KARL 19075 FT. DADE AVENUE BROOKSVILLE, FL 34601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RESSEL, CYNTHIA 11117 CINDY DRIVE BROOKSVILLE, FL 34601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Cynthia L. Ressel Date: 4/8/05 Daytime Phone #: 352-799-6422