

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90083 020 ****61.25

DOCUMENT # N99000005169

1. Entity Name

A WOMAN'S RESOURCE CENTER, INC.



Principal Place of Business

134 E FT DADE AVE
 BROOKSVILLE FL 34601

Mailing Address

P O BOX 1935
 BROOKSVILLE FL 34605

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE CR2E037 (10/05)

4. FEI Number
 59-3596705

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KNIGHT, STEPHANIE
 134 E FT DADE AVE
 BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name Shawn Woodruff

Street Address (P.O. Box Number is Not Acceptable)
4195 Nett Lake Rd.

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

Shawn Woodruff

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/3/2006
 DATE

FILE NOW: FEE IS \$61.25
Due: By May 1, 2006

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 PD
 NAME BROWN, CARL REV Delete
 STREET ADDRESS 29249 WILPAYNE ROAD
 CITY-ST-ZIP BROOKSVILLE FL 34922

TITLE VPD
 NAME BALDNER, KARL Delete
 STREET ADDRESS 19075 FT. DADE AVENUE
 CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE SD
 NAME RESSEL, CYNTHIA Delete
 STREET ADDRESS 11117 CINDY DRIVE
 CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Cynthia L. Rewel Cynthia L. Rewel 2-3-06 352-799-1365