

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90056 048 *****61.25

DOCUMENT # N99000005570

1. Entity Name
WOMEN-N-BLUE, INC.



Principal Place of Business
**3453 CHARLES AVE.
COCONUT GROVE, FL 33133**

Mailing Address
**3453 CHARLES AVE.
COCONUT GROVE, FL 33133**

DO NOT WRITE IN THIS SPACE



03152008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0947321

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**JACOBS, PORTIA
3453 CHARLES AVE.
COCONUT GROVE, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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

Portia Jacobs

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-13-08

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JACOBS, PORTIA Y
3453 CHARLES AVE.
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DTS
WILSON, TARENA
3290 NW 172ND TERR.
CAROL CITY, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALLEN, BARBARA
3453 CHARLES AVE.
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
JACOBS, EDWARD SR
3453 CHARLES AVE.
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Portia Jacobs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-13-08

Date

Daytime Phone #