

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005570

FILED
Mar 30, 2009
Secretary of State

Entity Name: WOMEN-N-BLUE, INC.

Current Principal Place of Business:

3453 CHARLES AVE.
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3453 CHARLES AVE.
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 65-0947321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JACOBS, PORTIA Y
Address: 3453 CHARLES AVE.
City-St-Zip: COCONUT GROVE, FL 33133

Title: DTS () Delete
Name: WILSON, TARENA
Address: 3290 NW 172ND TERR.
City-St-Zip: CAROL CITY, FL 33056

Title: D () Delete
Name: ALLEN, BARBARA
Address: 3453 CHARLES AVE.
City-St-Zip: COCONUT GROVE, FL 33133

Title: C () Delete
Name: JACOBS, EDWARD SR
Address: 3453 CHARLES AVE.
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PORTIA Y. JACOBS

PD

03/30/2009

Electronic Signature of Signing Officer or Director

Date