

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000022009

FILED
Apr 20, 2005
Secretary of State

Entity Name: ARANA,A WEB OF WOMEN LEADERS, INC.

Current Principal Place of Business:

3654 BRIDGEWOOD
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

PO BOX 40783
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 59-3636510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIDGE, GEORGE E
200 W. FORSYTH ST.
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: O'CONNOR, BOBBIE G
Address: 3654 BRIDGEWOOD
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: NOEL, JUDITH
Address: 2235 E. 32ND ST.
City-St-Zip: OAKLAND, CA 94602

Title: D () Delete
Name: RIOS, DAISY
Address: 17B EAST DAISY LANE
City-St-Zip: MOUNT LAUREL, NJ 08094

Title: D () Delete
Name: ANDREWS, RITA J
Address: 726 6TH ST.
City-St-Zip: WASHINGTON, DC 20003

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBIE G. OCONNOR

D

04/20/2005

Electronic Signature of Signing Officer or Director

Date