

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008791

**Entity Name:** WOMEN'S INTERNATIONAL HOLISTIC COUNCIL, INC.**Current Principal Place of Business:**3471 N FEDERAL HWY  
SUITE 410  
FORT LAUDERDALE, FL 33306**Current Mailing Address:**3471 N FEDERAL HWY  
SUITE 410  
FORT LAUDERDALE, FL 33306 US**FEI Number:** 46-0997298**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOUTH FLORIDA CPA FINANCIAL, INC  
12555 ORANGE DRIVE  
SUITE 104  
DAVIE, FL 33331 US*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**Officer/Director Detail :**

Title	P
Name	KING, ELIZABETH DR
Address	3471 N FEDERAL HWY SUITE 410
City-State-Zip:	FORT LAUDERDALE FL 33306

Title	TRES
Name	SALAS, ALTAGRACIA
Address	12555 ORANGE DRIVE SUITE 104
City-State-Zip:	DAVIE FL 33330

Title	DIR
Name	WEAVER, JOHN
Address	3471 N FEDERAL HWY SUITE 410
City-State-Zip:	FORT LAUDERDALE FL 33306

Title	VP
Name	WEAVER, JOHN
Address	3471 N FEDERAL HWY SUITE 410
City-State-Zip:	FORT LAUDERDALE FL 33306

Title	DIR
Name	KING, ELIZABETH DR
Address	3471 N FEDERAL HWY SUITE 410
City-State-Zip:	FORT LAUDERDALE FL 33306

Title	DIR
Name	SALAS, ALTAGRACIA
Address	12555 ORANGE DRIVE SUITE 104
City-State-Zip:	DAVIE FL 33331

*I hereby 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 all other like empowered.*

**SIGNATURE:** ELIZABETH KING

CEO

04/19/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date