

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

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90030 006 ****61.25

DOCUMENT # 718992

1. Entity Name

WINNING WOMEN FOR CHRIST, INC.



Principal Place of Business

20 TOMOKA VIEW DR.
ORMOND BEACH FL 32174
US

Mailing Address

PO BOX 730611
ORMOND BEACH FL 32173-0611
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7211352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, VIRGINIA
20 TOMOKA VIEW DR.
ORMOND BEACH FL 32174

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME MELACHRINE, MELINDA
STREET ADDRESS 41 SILK OAKES
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE PD ☒ Change ☐ Addition
NAME Ann Douglass
STREET ADDRESS 910 John Anderson Dr.
CITY-ST-ZIP Ormond Beach, FL 32176

TITLE SD ☐ Delete
NAME MITCHELL, MARTHA
STREET ADDRESS 359 JOHN ANDERSON DR
CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE TD ☒ Delete
NAME REED, JULIA K
STREET ADDRESS 16 STONE QUARRY TR
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE TD ☒ Change ☐ Addition
NAME Barbara R. Murphy
STREET ADDRESS 193 Deer Lake Circle, Ormond Bch. FL
CITY-ST-ZIP 32174

TITLE SD ☐ Delete
NAME NAOMI, MORRIS
STREET ADDRESS 730 STEELE AVE
CITY-ST-ZIP DAYTONA BEACH FL 32119

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Barbara R. Murphy*

Barbara R. Murphy 3/26/06 (386)672-0567