


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90051 016 ****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
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40021000



2. Principal Place of Business - No P.O. Box # 193 Deer Lake Circle	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. Ormond Beach, FL	Suite, Apt. #, etc. Ormond Beach, FL
City & State Ormond Beach, FL	City & State Ormond Beach, FL
Zip 32174	Country U.S.A.

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent PHILLIPS, VIRGINIA 20 TOMOKA VIEW DR. ORMOND BEACH FL 32174	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DOUGLASS, ANN 910 JOHN ANDERSON DR ORMOND BEACH FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MITCHELL, MARTHA 359 JOHN ANDERSON DR ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Linda Froman 941 Mill Road Lane Port Orange, FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MURPHY, BARBARA 193 DEER LAKE CIRCLE ORMOND BEACH FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NAOMI, MORRIS 730 STEELE AVE DAYTONA BEACH FL 32119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Lucille Reeves 3465 Pepper Hill Rd Port Orange, FL 32119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, Trustee **Barbara R. Murphy** **March 23, 2007** **(386)** **672-0567**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #