2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718992

FILED Feb 25, 2009 Secretary of State

Entity Name: WINNING WOMEN FOR CHRIST, INC.

Current Principal Place of Business: New Principal Place of Business:

193 DEER LAKE CIRCLE

ORMOND BEACH, FL 32174 US

Current Mailing Address: New Mailing Address:

PO BOX 730611 20 TOMOKA VIEW DR.

ORMOND BEACH, FL 321730611 US ORMOND BEACH, FL 32174 US

FEI Number: 23-7211352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PHILLIPS, VIRGINIA 20 TOMOKA VIEW DR.

ORMOND BEACH, FL 32174 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: DOUGLASS, ANN Name: DOUGLASS, ANN

Name:DOUGLASS, ANNName:DOUGLASS, ANNAddress:910 JOHN ANDERSON DRAddress:910 JOHN ANDERSON DRCity-St-Zip:ORMOND BEACH, FL 32176 USCity-St-Zip:ORMOND BEACH, FL 32174 US

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 FROMAN, LINDA
 Name:
 FROMAN, LINDA

 Address:
 941 MILL ROAD LANE
 Address:
 941 MILL ROAD LANE

 City-St-Zip:
 PORT ORANGE, FL 32127
 City-St-Zip:
 PORT ORANGE, FL 32174

Title: TD () Delete Title: () Change () Addition

 Name:
 PHILLIPS, VIRGINIA
 Name:

 Address:
 20 TONDRA VIEW DR
 Address:

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name:REEVES, LUCILLEName:REEVES, LUCILLEAddress:3465 PEPPER MILL RDAddress:3465 PEPPER MILL RDCity-St-Zip:PORT ORANGE, FL 32119City-St-Zip:PORT ORANGE, FL 32174

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: VIRGINIA G. PHILLIPS TD 02/25/2009