# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/3

**FILED**
**Apr 02, 2003 8:00 am**
**Secretary of State**
03-03-2003 90481 028 ****61.25

DOCUMENT # 718992

1. Entity Name
WINNING WOMEN FOR CHRIST, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 20 TOMOKA VIEW DR.<br>ORMOND BEACH FL 32174<br>US | PO BOX 730611<br>ORMOND BEACH FL 32173-0611<br>US |

☐ CHECK HERE IF MAKING CHANGES

| 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<br>20 TOMOKA VIEW DR.<br>ORMOND BEACH FL 32174 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Melinda Melachrino (Melinda Melachrino) DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>PHILLIPS, VIRGINIA<br>20 TOMOKA VIEW DR.<br>ORMOND BEACH FL 32174 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~SD~~ Vice President<br>MITCHELL, MARTHA<br>359 JOHN ANDERSON DR<br>ORMOND BEACH FL 32174 D | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>REED, JULIA K<br>16 STONE QUARRY TR<br>ORMOND BEACH FL 32174 D | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>VAN WERT, DIANE<br>2852 JOHN ANDERSON DR.<br>ORMOND BCH, FL 00000 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>~~AA~~ Secretary.<br>Morris, NAOMI<br>730 Steele Ave<br>Daytona Bch, FL 32119 D |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MURPHY, BARBARA<br>193 DEER LAKE CIRCLE<br>ORMOND BEACH FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Julia K. Reed Julia K. Reed 2/23/03 386-672-3066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #