

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 05, 2008  
Secretary of State**

DOCUMENT# N02000006400

Entity Name: WOMEN OF CHRIST IN ACTION MINISTRIES, INC.

**Current Principal Place of Business:**

5021 N W 17TH STREET  
FORT LAUDERDALE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

5021 N W 17TH STREET  
FORT LAUDERDALE, FL 33313

**New Mailing Address:**

FEI Number: 76-0725845      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

WILSON, IVORY  
3571 NW 2ND STREET  
FORT LAUDERDALE, FL 33311      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: P      ( ) Delete  
Name: EDWARDS, FAY  
Address: 5021 N W 17TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33313

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V      ( ) Delete  
Name: MILLER, ALICE  
Address: 5021 N W 17TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33313

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD      ( ) Delete  
Name: HENRIQUES, ENID  
Address: 5021 N W 17TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33313

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD      ( ) Delete  
Name: JOHNSON, LORNA  
Address: 5021 N W 17TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33313

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FAY EDWARDS

P

05/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date