2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29435

FILED Feb 23, 2005 Secretary of State

Entity Name: A WOMAN'S PLACE MINISTRIES, INC.

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

2901 BUSCH LAKE BLVD TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

2901 BUSCH LAKE BLVD TAMPA, FL 33614

FEI Number: 59-2957640 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:

LAYTON, PATRICIA 2901 BUSCH LAKE BLVD TAMPA, FL 33614

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:

(X) Change () Addition () Delete BATEMAN, LESLIE THORINGTON, JOHN Name: Name: 2410 W SUNSET DRIVE Address: 10117 BENNINGTON DR Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33626

Title: VC () Delete Title: (X) Change () Addition THORINGTON, JOHN Name: Name: LAYTON, PATRICIA K Address: 10117 BENNINGTON DR Address: 14520 THORNFIELD COURT

City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33624

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

HINDERS, MARILYN Name: Name: 15142 NIGHTHAWK DRIVE Address: Address: City-St-Zip: TAMPA, FL 33625 City-St-Zip:

(X) Change () Addition Title: () Delete Title: Name: LAYTON, PATRICIA K Name: CASTELLANI, PETER K 14520 THORNFIELD COURT 19338 GARDEN QUILT CIRCLE Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: LUTZ, FL 33558

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

CASTELLANI, PETE Name: Name: 19338 GARDEN QUILT CIRCLE Address: Address: City-St-Zip: LUTZ, FL 33558 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA K LAYTON Ρ 02/23/2005