2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29435

FILED Jan 12, 2007 Secretary of State

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

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
2901 BUS TAMPA, F	SCH LAKE BLVE FL 33614)		
Current P	Mailing Addres	s:	New Mailing Addre	ss:
	SCH LAKE BLVE FL 33614)		
FEI Numbe	r: 59-2957640	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name an	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
2901 BUS TAMPA, F The above		3	ourpose of changing its register	ed office or registered agent, or both,
in the Stai	te of Florida.			
SIGNATI	IDE:			
SIGNATU		ic Signature of Registered Ago	ent	 Date
				Date GES TO OFFICERS AND DIRECTORS
OFFICER Title: Name: Address:	Electron S AND DIRECT CD () THORINGTON, 10117 BENNING	TORS: Delete JOHN GTON DR		
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron RS AND DIRECT CD () THORINGTON, 10117 BENNING TAMPA, FL 336 VC () LAYTON, PATR 14520 THORNE	Delete JOHN GTON DR 626 Delete ICIA K ITELD COURT	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTORS
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	Electron RS AND DIRECT CD () THORINGTON, 10117 BENNING TAMPA, FL 336 VC () LAYTON, PATR 14520 THORNE TAMPA, FL 336 T () TALLEY, JAY 6312 FITZGERA	Delete JOHN GTON DR 626 Delete ICIA K IJELD COURT 624 Delete	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	Electron RS AND DIRECT CD () THORINGTON, 10117 BENNING TAMPA, FL 336 VC () LAYTON, PATR 14520 THORNE TAMPA, FL 336 T () TALLEY, JAY 6312 FITZGERA ODESSA, FL 33	Delete JOHN GTON DR S26 Delete ICIA K IELD COURT S24 Delete ALD RD 3556 Delete CE NT AVE	ADDITIONS/CHANC Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA K LAYTON P 01/12/2007