2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000002357

1. Entity Name
THE ELEGANT WOMAN INTERNATIONAL MINISTRY INC.

Principal Place of Business	Mailing Address
11333 YOUNG ROAD JACKSONVILLE, FL 32218 US	11333 YOUNG ROAD JACKSONVILLE, FL 32218 US

DO NOT WRITE IN THIS SPACE

01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3331293

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PITTS, PHYLLIS D
11291 HARTS ROAD
APT 1007
JACKSONVILLE, FL 32218

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PITTS, PHYLLIS D
STREET ADDRESS	11291 HARTS RD, APT 1007
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	VPD
NAME	LATIMER, DONALD
STREET ADDRESS	223 RENNE DR N
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	TD
NAME	CLEAVES, CATHY
STREET ADDRESS	11333 YOUNG RD
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	D
NAME	CLEAVES, CHARLES
STREET ADDRESS	11333 YOUNG RD
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/08/08-80037-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: President Phyllis D. Pitts 1-7-08 904 696 0983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #