2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# N97000002357

Entity Name: THE ELEGANT WOMAN INTERNATIONAL MINISTRY INC.

Current Principal Place of Business:

11333 YOUNG ROAD
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

11333 YOUNG ROAD
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 59-3331293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	PITTS, PHYLLIS D	
Address:	11291 HARTS RD, APT 1007	
City-St-Zip:	JACKSONVILLE, FL 32218 US	
Title:	VPD	( ) Delete
Name:	LATIMER, DONALD	
Address:	223 RENNE DR N	
City-St-Zip:	JACKSONVILLE, FL 32218 US	
Title:	TD	( ) Delete
Name:	CLEAVES, CATHY	
Address:	11333 YOUNG RD	
City-St-Zip:	JACKSONVILLE, FL 32218 US	
Title:	D	( ) Delete
Name:	CLEAVES, CHARLES	
Address:	11333 YOUNG RD	
City-St-Zip:	JACKSONVILLE, FL 32218	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: PHYLLIS DIANE PITTS PD 01/18/2009
Electronic Signature of Signing Officer or Director — Date