

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/7/0

**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90010 004 \*\*\*\*61.25

**DOCUMENT # N99000004538**

1. Entity Name

**THE WOMEN'S MINISTRY ALLIANCE INC.**

Principal Place of Business

Mailing Address

1873 TIGERWOOD COURT  
 ORLANDO FL 32818

1873 TIGERWOOD COURT  
 ORLANDO FL 32818-5250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-359-3605

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWTON, PATREZA D**  
 1873 TIGERWOOD COURT  
 ORLANDO FL 32818

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D - President	<input type="checkbox"/> Delete
NAME	NEWTON, PATREZA D	
STREET ADDRESS	1873 TIGERWOOD COURT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWTON, NANCY	
STREET ADDRESS	1873 TIGERWOOD COURT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, DIANA	
STREET ADDRESS	603 W. 14TH STREET	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, ELOUISE	
STREET ADDRESS	1644 GRANT ST.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, CHERYL	
STREET ADDRESS	1644 GRANT ST.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIXON, SONYA	
STREET ADDRESS	304 S. PARAMOORE AVE.	
CITY-ST-ZIP	ORLANDO FL 32805	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miller D. Anderson	
STREET ADDRESS	1873 Tigerwood Ct	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amanda Reise	
STREET ADDRESS	250 South Orange Blossom Trail	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Patreza D. Newton* Patreza D. Newton 4-24-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)