

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004538

FILED  
Aug 15, 2005  
Secretary of State

**Entity Name:** THE WOMEN'S MINISTRY AND MINISTERIAL ALLIANCE, INC.

**Current Principal Place of Business:**

1873 TIGERWOOD COURT  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

1873 TIGERWOOD COURT  
ORLANDO, FL 32818

**New Mailing Address:**

**FEI Number:** 59-3593605      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NEWTON, PATREZA D  
1873 TIGERWOOD COURT  
ORLANDO, FL 32818      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: NEWTON, PATREZA D  
Address: 1873 TIGERWOOD COURT  
City-St-Zip: ORLANDO, FL 32818

Title: D      ( ) Delete  
Name: BURNS, NANCY  
Address: 5249 LANETTE ST.  
City-St-Zip: ORLANDO, FL 32811

Title: TD      ( ) Delete  
Name: JOHNSON, DIANA  
Address: 603 W. 14TH STREET  
City-St-Zip: APOPKA, FL 32703

Title: D      ( ) Delete  
Name: RANDOLF, KATRINA  
Address: 5003 TREE SUMMIT PKW.  
City-St-Zip: DULUTH, GA 30096

Title: S/D      ( ) Delete  
Name: REISE, AMANDA  
Address: 5461 TIMBERLEAF BLVD APT. 706  
City-St-Zip: ORLANDO, FL 32811 US

Title: D      ( ) Delete  
Name: WILKERSON, FRANKYE  
Address: 4900 S. RIO GRANDE  
City-St-Zip: ORLANDO, FL 32805

**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:

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 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: PATREZA D. NEWTON

PD

08/15/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date