

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006400

**Entity Name:** WOMEN OF CHRIST IN ACTION MINISTRIES, INC.

**Current Principal Place of Business:**

5021 NW 17TH STREET  
FORT LAUDERDALE, FL 33313

**Current Mailing Address:**

603 S. STATE ROAD 7  
#2-1  
MARGATE, FL 33068

**FEI Number: 76-0725845**

**Certificate of Status Desired: No**

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

WILSON, IVORY  
3571 NW 2ND STREET  
FORT LAUDERDALE, FL 33311 US

*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

**Officer/Director Detail :**

Title P  
Name EDWARDS, FAY  
Address 603 S. STATE RD. 7, #2-1  
City-State-Zip: MARGATE FL 33068

Title V  
Name MILLER, ALICE  
Address 603 S. STATE RD 7, #2-1  
City-State-Zip: MARGATE FL 33068

Title SD  
Name HENRIQUES, ENID  
Address 6190 WOODLAND BLVD  
City-State-Zip: TAMARAC FL 33319

Title TD  
Name JOHNSON, LORNA  
Address 13 W. PALMETTO ROAD  
City-State-Zip: LAKE WORTH FL 33467

*I hereby 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 all other like empowered.*

**SIGNATURE: FAY EDWARDS**

**PRESIDENT**

**06/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date