

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90003 023 *****61.25

DOCUMENT # F03000002522

1. Entity Name

THE CENTER FOR WOMEN'S MINISTRIES,
INCORPORATED



Principal Place of Business

6785 - 46TH AVE., NO., SUITE A
ST PETERSBURG FL 33709

Mailing Address

P.O. BOX 3165
PINELLAS PARK FL 33781

54064778



2. Principal Place of Business

5580 Park Blvd

3. Mailing Address

Suite, Apt. #, etc.

#5

Suite, Apt. #, etc.

City & State
Pinellas Park Florida

City & State

4. FEI Number

35-1773172

Applied For

Not Applicable

Zip

33781

Country

USA

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

CONEY, PHYLLIS
1449 REGINA DR W
LARGO FL 33770

Name

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

4020 - 58th Ave No. #2

City

St Petersburg

FL

Zip Code

33714

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

Phyllis Coney

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

(NOTE: Registered Agent signature required when reinstating)

7/15/04

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BROWN, GRADY W
211 SHADYBROOK TRAIL
HENDERSONVILLE NC 28739 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SCHELL, DENNIS S
300 N MERIDIAN ST., STE 2700
INDIANAPOLIS IN 64204 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WELSH, SHARYL L
714 N WALNUT, P.O. BOX 817
BLOOMINGTON IN 47402-0817 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CONNER, KAREN
580 W FAIRWAY LANE
BLOOMINGTON IN 47403 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/04

Date

(727) 547-8557

Daytime Phone #