2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
05-12-2008 90032 007 ****70.00

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1. Entity Name
THE CENTER FOR WOMEN'S MINISTRIES, INCORPORATED

Principal Place of Business	Mailing Address
5580 PARK BLVD #5 PINELLAS PARK, FL 33781	5580 PARK BLVD #5 PINELLAS PARK, FL 33781

66014451

04172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-1773172
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAYNES, MARY C
5361 62ND AVE
PINELLAS PARK, FL 33781

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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: Mary C Haynes 4-23-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, GRADY W
STREET ADDRESS	9414 OCEAN DR
CITY-ST-ZIP	EMERALD ISLE, NC 28594
TITLE	V
NAME	MURRY, SUSAN
STREET ADDRESS	2101 MISTY GLEN
CITY-ST-ZIP	COLUMBIA, MO 65203
TITLE	S
NAME	WELSH, SHARYL L
STREET ADDRESS	714 N WALNUT, P.O. BOX 817
CITY-ST-ZIP	BLOOMINGTON, IN 474020817
TITLE	T
NAME	CONNER, KAREN
STREET ADDRESS	580 W FAIRWAY LANE
CITY-ST-ZIP	BLOOMINGTON, IN 47403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sharyl L Welsh VP 5/01/08 727-547-8557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #