

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002522

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE CENTER FOR WOMEN'S MINISTRIES, INCORPORATED

Current Principal Place of Business:

5580 PARK BLVD
#5
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

5580 PARK BLVD
#5
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 35-1773172 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAYNES, MARY C
5361 62ND AVE
PINELLAS PARK, FL 33781 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: P () Delete
Name: BROWN, GRADY W
Address: 9414 OCEAN DR
City-St-Zip: EMERALD ISLE, NC 28594

Title: V () Delete
Name: MURRY, SUSAN
Address: 2101 MISTY GLEN
City-St-Zip: COLUMBIA, MO 65203

Title: S () Delete
Name: WELSH, SHARYL L
Address: 714 N WALNUT, P.O. BOX 817
City-St-Zip: BLOOMINGTON, IN 474020817

Title: T () Delete
Name: CONNER, KAREN
Address: 580 W FAIRWAY LANE
City-St-Zip: BLOOMINGTON, IN 47403

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARY C.HAYNES

RA

04/15/2009

Electronic Signature of Signing Officer or Director

Date